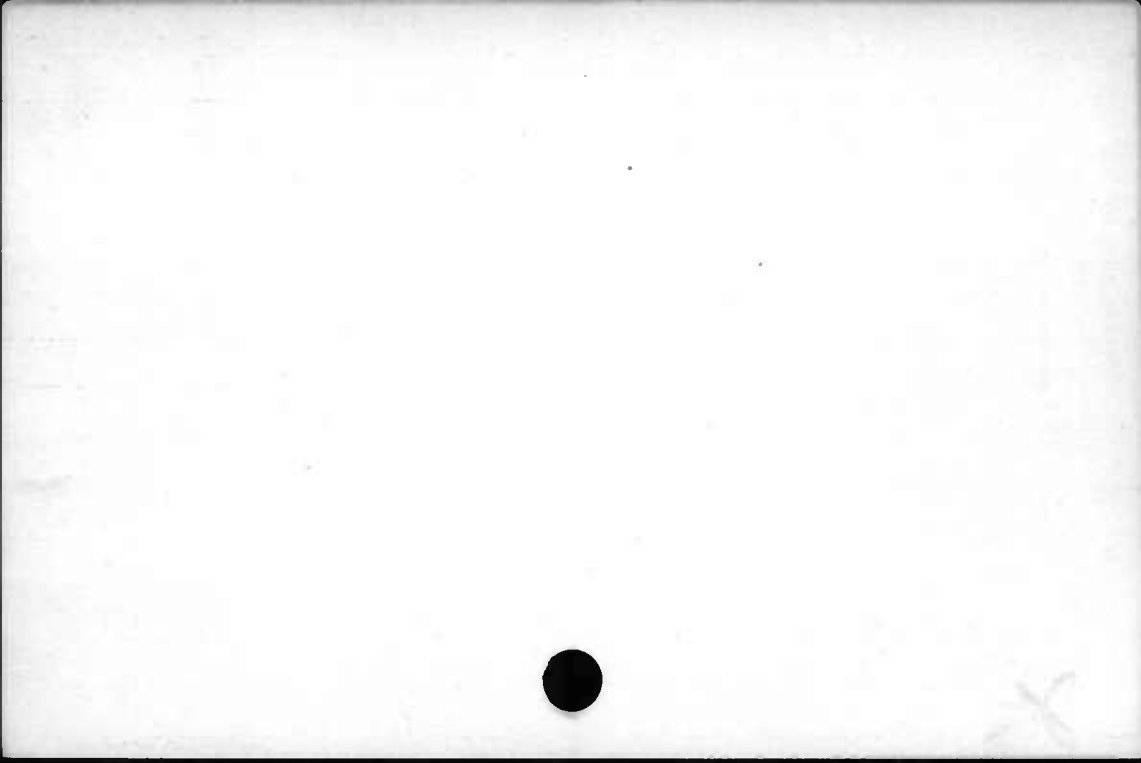


Name in Full		Edward Atwell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Churchton		A.A.		MARYLAND	
	Date of death	1906	Oct	14	Age	5	Months
	Sex	Male		Color or Race	White		Birth-place
	Occupation	None		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	John Frank Atwell				Father's Birthplace	Ind
	Mother's Maiden Name	Emma Kirchner				Mother's Birthplace	Ind
Name of person giving information	Geo Placide				How related to deceased	Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Acute ileocolitis				How long	3 Days
	Immediate	Acute ileocolitis				How long	3 "
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				Dr. S. Elber		
Address				Cumberland, Md			
Accident or Suicide?				—			



Name  
in  
Full

## CERTIFICATE OF DEATH

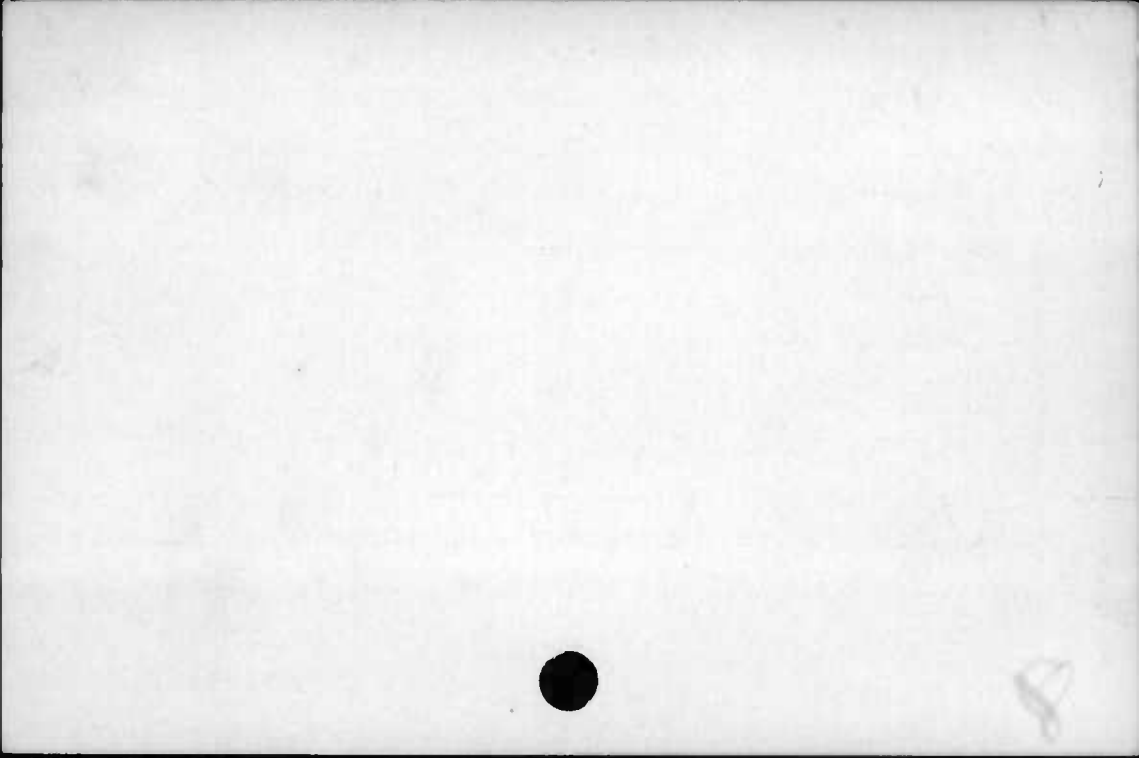
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Brooks</i>		Town <i>Crownsville</i>		County <i>a-a-</i>		MARYLAND			
Died at		Date of death <i>1906 Oct. 23</i>		Age <i>7</i>		Months <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>a-a. Co. Md</i>					
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>Robt. Brooks</i>		Father's Birthplace <i>P. G. Co. Md</i>							
Mother's Maiden Name <i>Ruth Brandford</i>		Mother's Birthplace <i>a. G. Co. Md</i>							
Name of person giving information <i>Robt. Brooks</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Enteritis</i>	How long <i>6 days</i>
Immediate <i>Heart Failure</i>	How long <i>24 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. Bryant M.D.</i>
	Address <i>Millsboro</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Willmar L. Brooks

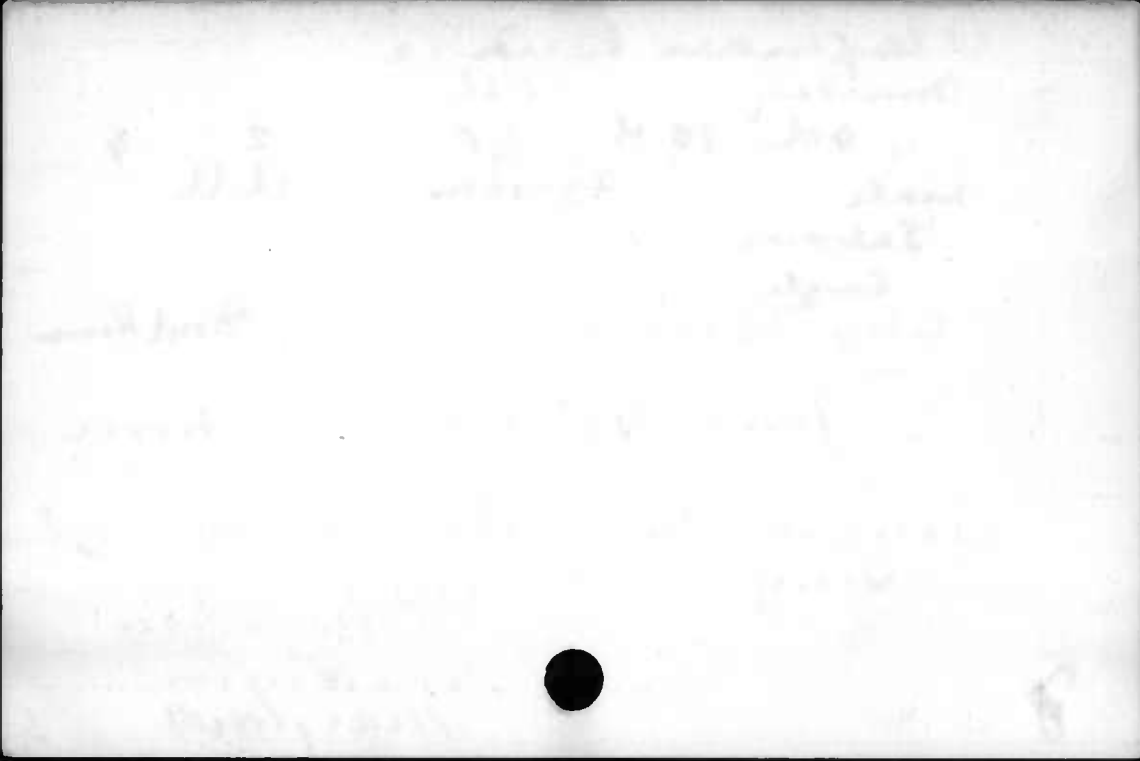
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

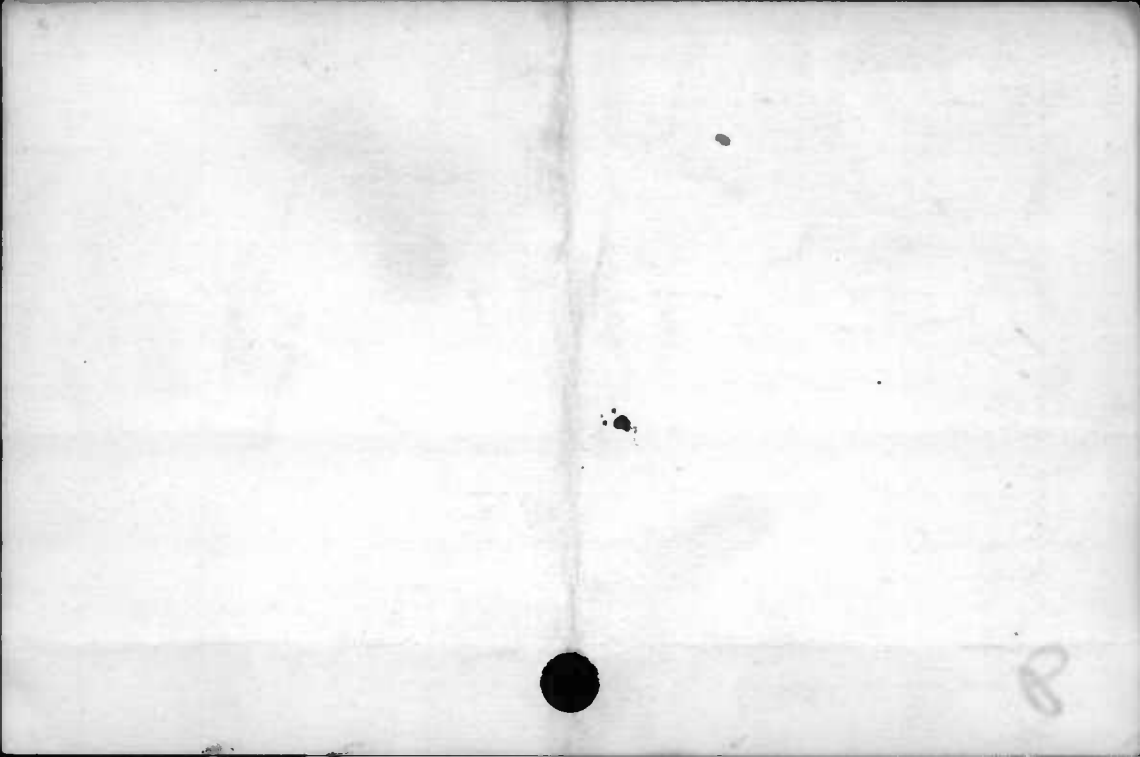
Died at <i>Jermantown</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death	<i>1906</i>	Month	<i>Oct.</i>	Day	<i>1st</i>	Age	<i>1</i>	Years	<i>3</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>2<sup>d</sup> Waterbury</i>		
Occupation	<i>_____</i>				Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband						
Father's Name	<i>Levin L. Brooks</i>					Father's Birthplace	<i>Annapolis</i>		
Mother's Maiden Name	<i>Elizabeth Hoes</i>					Mother's Birthplace	<i>Cumberland Md</i>		
Name of person giving information	<i>L. T. Brooks</i>					How related to deceased	<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Gastro-Enteritis</i>	How long	<i>2 mos.</i>
	Immediate	<i>Insanition</i>	How long	<i>4 weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
	Signature of Physician		<i>Louis R. Hunkel &amp;</i>	
Address		<i>Annapolis, Md.</i>		
Accident or Suicide?		<i>_____</i>		



Name in Full		Alexander Burrse				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Maryland</u> <small>Town</small>		<u>AA</u> <small>County</small>		MARYLAND		
	Date of death <u>1906</u> <small>Month</small> <u>Oct</u> <small>Day</small> <u>10</u> <small>Years</small> <u>4</u>		Age <u>21</u>		<u>2</u> <small>Months</small>		<u>4</u> <small>Days</small>
	Sex <u>male</u>		Color or Race <u>African</u>		Birth-place <u>AA</u>		
	Occupation <u>Labour</u>		Where Residing if not at place of death				
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband				
	Father's Name <u>Alex Burrse</u>				Father's Birthplace <u>Dont Kum</u>		
	Mother's Maiden Name				Mother's Birthplace		
Name of person giving information <u>James Gaithe</u>		How related to deceased <u>none</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <u>Consumption of the Lungs</u>				How long <u>Six months</u>		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <u>W. H. Bray Chan</u>		
					Address <u>Har Burr Maryland</u>		
	Accident or Suicide?						



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Buy. F. Butler* Town*A. A.* CountyDate of death *1906 Oct.* MonthDay *17*Age *54* Years

Months

Days

Sex *Male*

Color or Race

*Black*

Birth-place

*Va*

Occupation

*Harmer*

Where Residing if not at place of death

Married, Single or Widowed

*Married*

Name of Wife or Husband

*Hanny Smith*

Father's Name

*Unknown*

Father's Birthplace

*Va*

Mother's Maiden Name

*Unknown*

Mother's Birthplace

*Va*

Name of person giving information

*Ed. Wallace*

How related to deceased

*None*

## CAUSES OF DEATH

Primary

*Acute Bright's disease*

How long

*2 months*

Immediate

*Cardiac Disease of Heart*

How long

*3 wks -*

Are the name, age, sex, color, date and place correctly given above?

*Yes -*

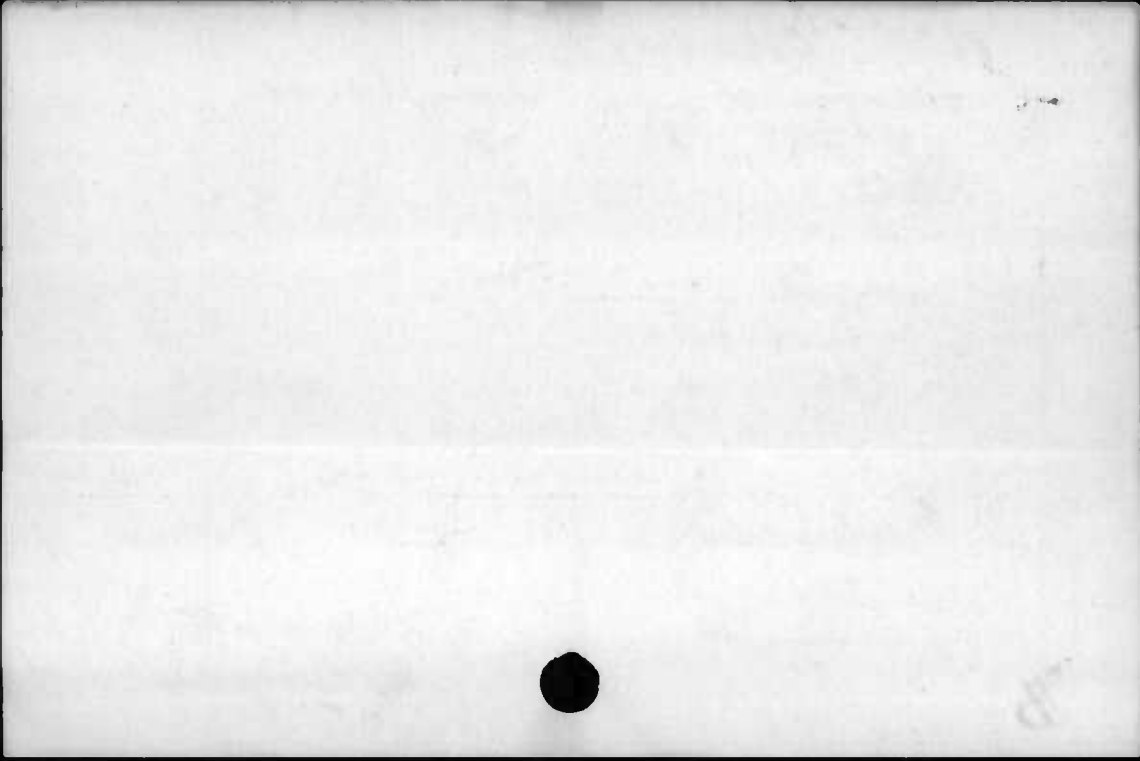
Signature of Physician

*H. B. Bryant M.D.*

Address

*Millersville*

Accident or Suicide?



Name  
in  
Full

Asa Chaney

CERTIFICATE OF DEATH

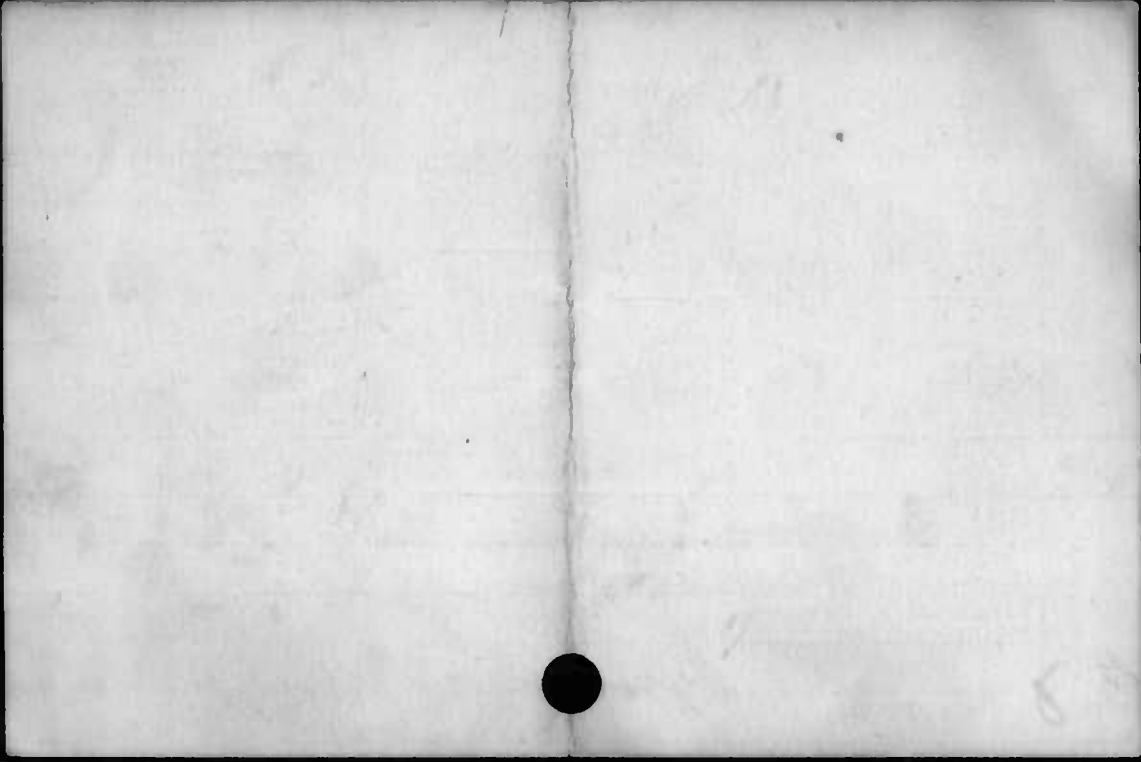
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Benfield</u> <small>Town</small>		<u>Ann Arundel</u> <small>County</small>		MARYLAND	
Date of death <u>1906</u> <small>Month</small> <u>Oct.</u> <small>Day</small> <u>13</u> <small>Years</small> <u>7</u>		Age <u>7</u>		<small>Months</small> <u>      </u> <small>Days</small> <u>      </u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>G.O. Co Md</u>	
Occupation <u>      </u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>Robt. H. Chaney</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Kati Long</u>		Mother's Birthplace <u>"</u>			
Name of person giving information <u>Harry D. Boulton</u>		How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	<u>116</u>	How long <u>7 days</u>
Immediate <u>      </u>		How long <u>      </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>H. B. Gant</u>
		Address <u>Millersville</u>
Accident or Suicide? <u>      </u>		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mariak Terry* Town *Annapolis* County *Anne Arundel* MARYLAND

Died at *Annapolis* Date of death *1906 Oct 15* Month *Oct* Day *15* Age *48* Years *48* Months  Days

Sex *Female* Color or Race *Colored* Birth place *Annapolis*

Occupation *Domestic* Where Residing *507 N. 1st St.* If not a place of death

Married, Single or Widowed *Widowed* Name of Wife or Husband *John Terry*

Father's Name *Charles P. Smith* Father's Birthplace *Pa Co*

Mother's Maiden Name *Louise Brown* Mother's Birthplace *South Kent*

Name of person giving information *Samuel Dunham* How related to deceased *daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Suppurative Encephalitis* How long *2 months*

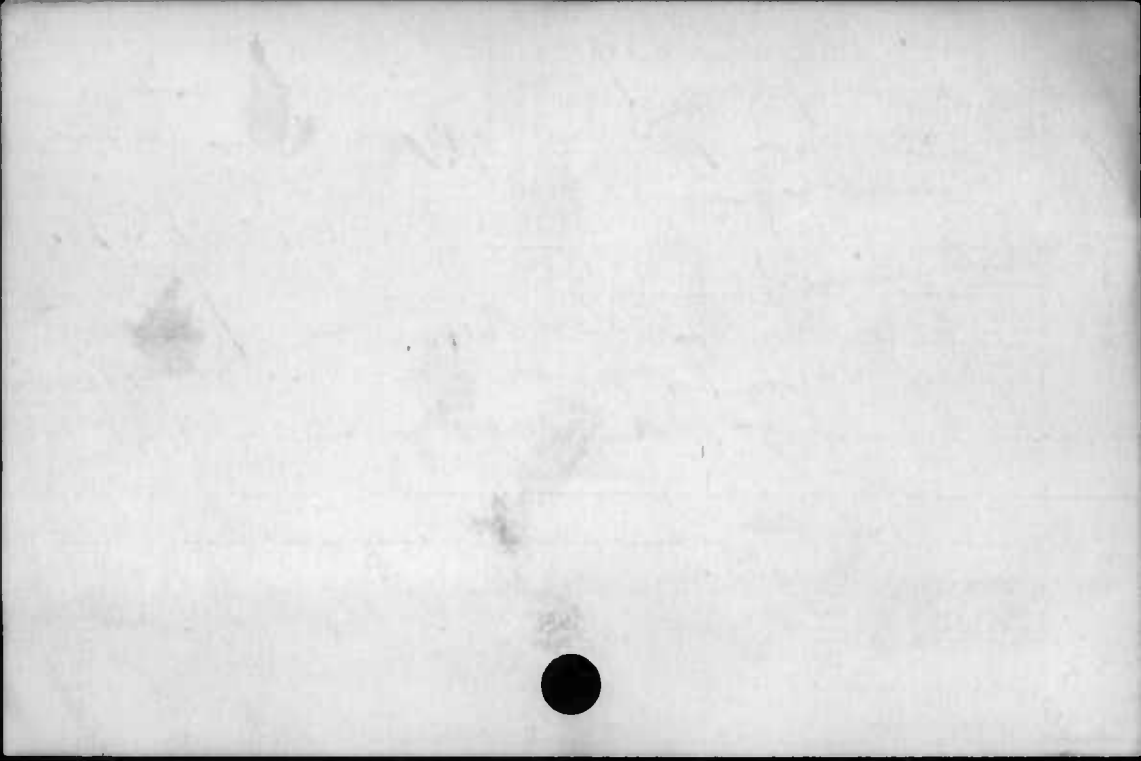
Immediate *Exhaustion* How long *24 hrs.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. P. Reese*

Address *60 Cathedral St.  
Annapolis Md.*

Accident or Suicide?



Name  
in  
Full

Sarah Jane Conway

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *New Wellhams*

Town

*Anne Arundel*

County

Date of death *1906 Oct*

Month

*15*

Day

Age *76*

Years

Months *8*Days *13*Sex *Female*Color or  
Race*White*Birthplace *Baltimore Md*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed*Widow*Name of Wife or  
HusbandFather's  
Name*Charles Crook*Father's  
Birthplace*Baltimore Md*Mother's  
Maiden Name*Mary Ann Brown*Mother's  
Birthplace*Princeton Md*Name of person giving  
Information*Elizabeth Conway*How related  
to deceased*Daughter in law*

## CAUSES OF DEATH

Primary

*Paralysis*

How long

*4 weeks*

Immediate

*Heart Failure*

How long

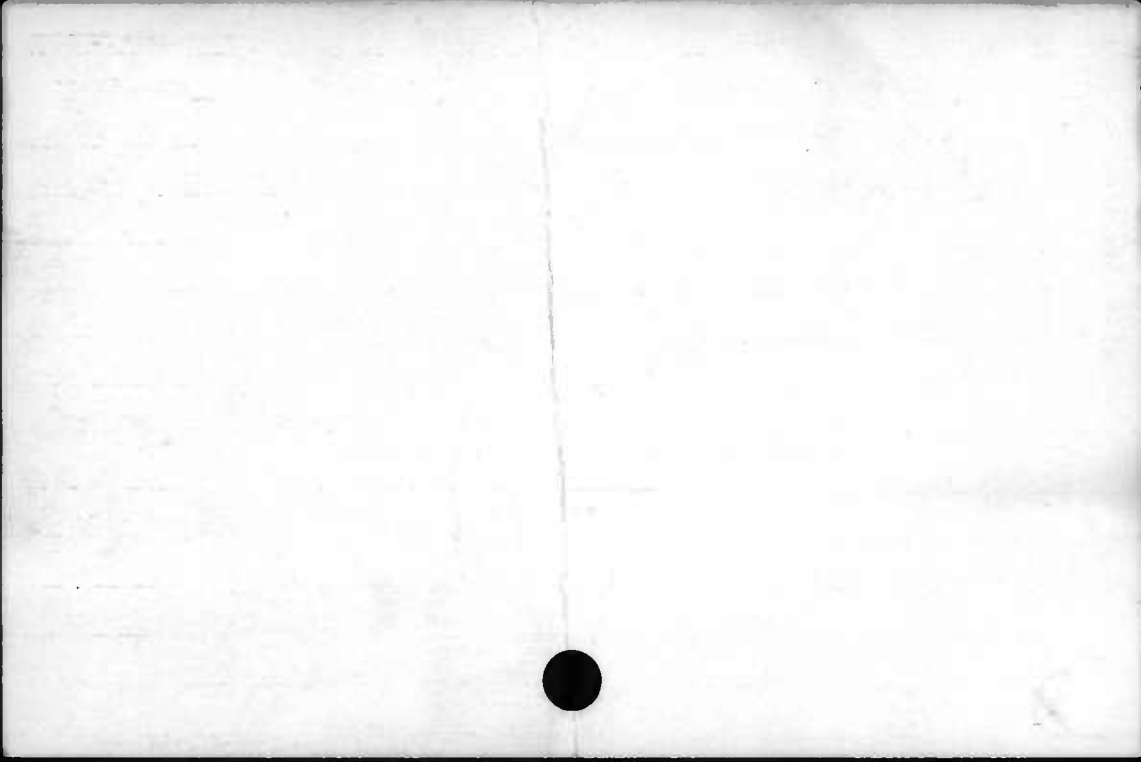
*4 hours*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician*E R Winterson*

Address

*Hanover Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Mamie Daly

## CERTIFICATE OF DEATH

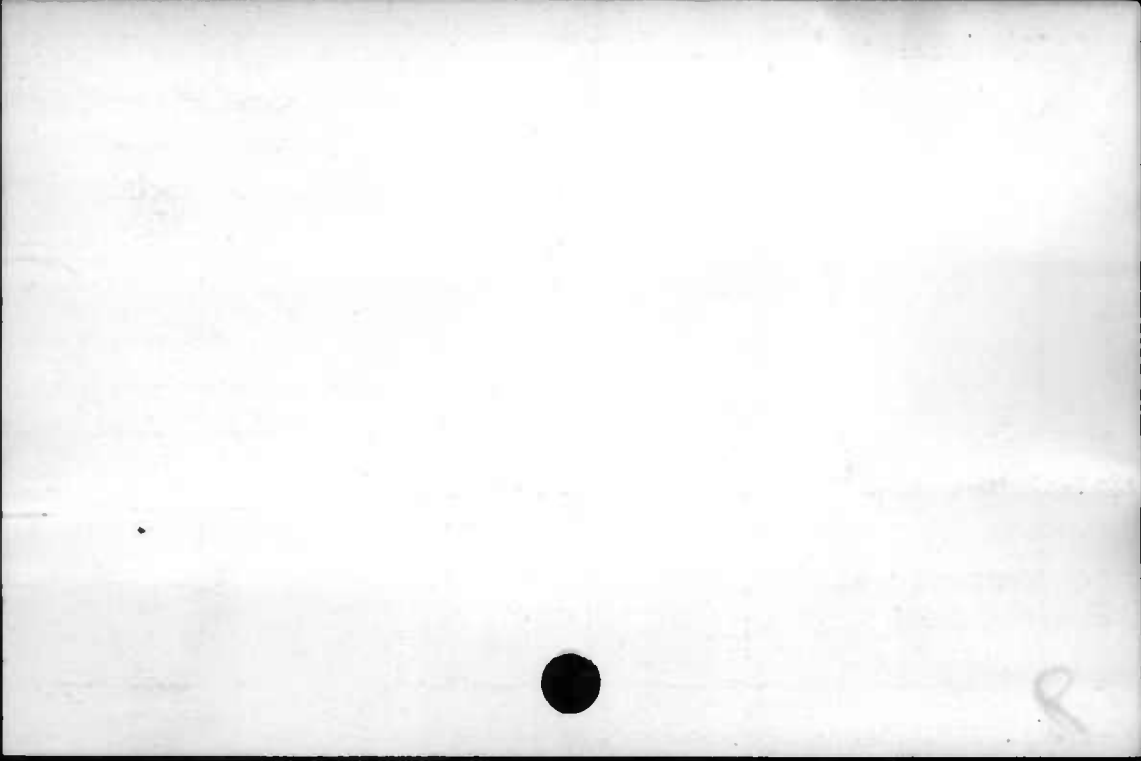
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dorsey</i> Town			County <i>Anne Arundel</i>			MARYLAND	
Date of death <i>1906</i>	Month <i>10</i>	Day <i>4</i>	Age <i>25</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Ind</i>				
Occupation <i>House wife</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William D Daly</i>						
Father's Name <i>John Bowen</i>			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information <i>George Daly</i>			How related to deceased <i>Brother in law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>3 years</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Hammond</i>
	Address <i>Jessup Ind.</i>
Accident or Suicide? <i>No</i>	



### CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at Lo. Baster Town

County

## MARYLAND

<b>Date</b> of death	<b>1906</b>	<b>Month</b> <i>October</i>	<b>Day</b> <i>26</i>
-------------------------	-------------	--------------------------------	-------------------------

Age 35 Years

Months

Days

Sex *Male*

Color or Race Colored

Birth-place Not known

### Occupation

Where Residing if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving  
In formation

How related  
to deceased

### CAUSES OF DEATH

Primary

How long

Immediate *Anti Indulgences*

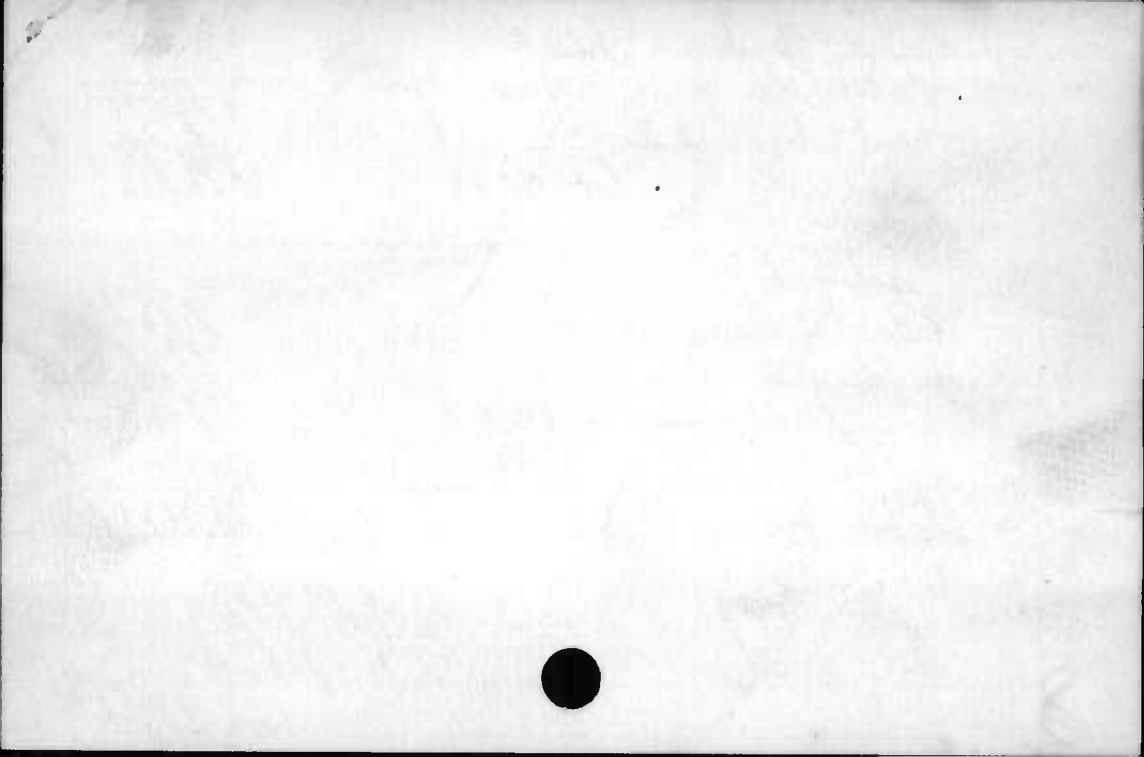
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of  
Physician

Address

### Accident or Suicide?



Name  
In  
Full

Caroline Agnes Gross

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Gothman <sup>Town</sup> Anne Arundel <sup>County</sup> **MARYLAND**

Date of death 1906 <sup>Month</sup> Oct. <sup>Day</sup> 22 <sup>Age</sup> 1 <sup>Years</sup> 7 <sup>Months</sup> 1 <sup>Days</sup>

Sex Female Color or Race Black Birth-place Ind.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Single Name of Wife or Husband \_\_\_\_\_

Father's Name Malcolm Gross Father's Birthplace Ind.

Mother's Maiden Name Susan Pinckell Mother's Birthplace Ind.

Name of person giving information Malcolm Gross How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Whooping Cough (4) How long 4 WEEKS

Immediate \_\_\_\_\_ How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Perrie  
McKendree  
Ind.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Delinah Brown Underhill

Charles Thomas Harris

Town

County

MARYLAND

Died at

Annapolis

A.A. Co.

Date

Month

Day

Years

Months

Days

of death

1906 Oct 24

Age

61

Birth-  
place

Annapolis

Sex

Male

Color or  
Race

Caucasian

Occupation

Restaurant

Where Residing if not  
at place of death

Franklin St.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Margella Harris

Father's  
Name

Thomas Harris

Father's  
Birthplace

A.A. Co.

Mother's  
Maiden Name

Mary Shorter

Mother's  
Birthplace

( ( ( ( (

Name of person giving  
Information

Daughter

How related  
to deceased

( ( ( ( (

## CAUSES OF DEATH

Primary

Myocarditis

19

How long

2 yrs.

Immediate

Cardiac Asthenia

How long

Two days.

Are the name, age, sex, color, date  
and place correctly given above?

Yes.

Signature of  
Physician

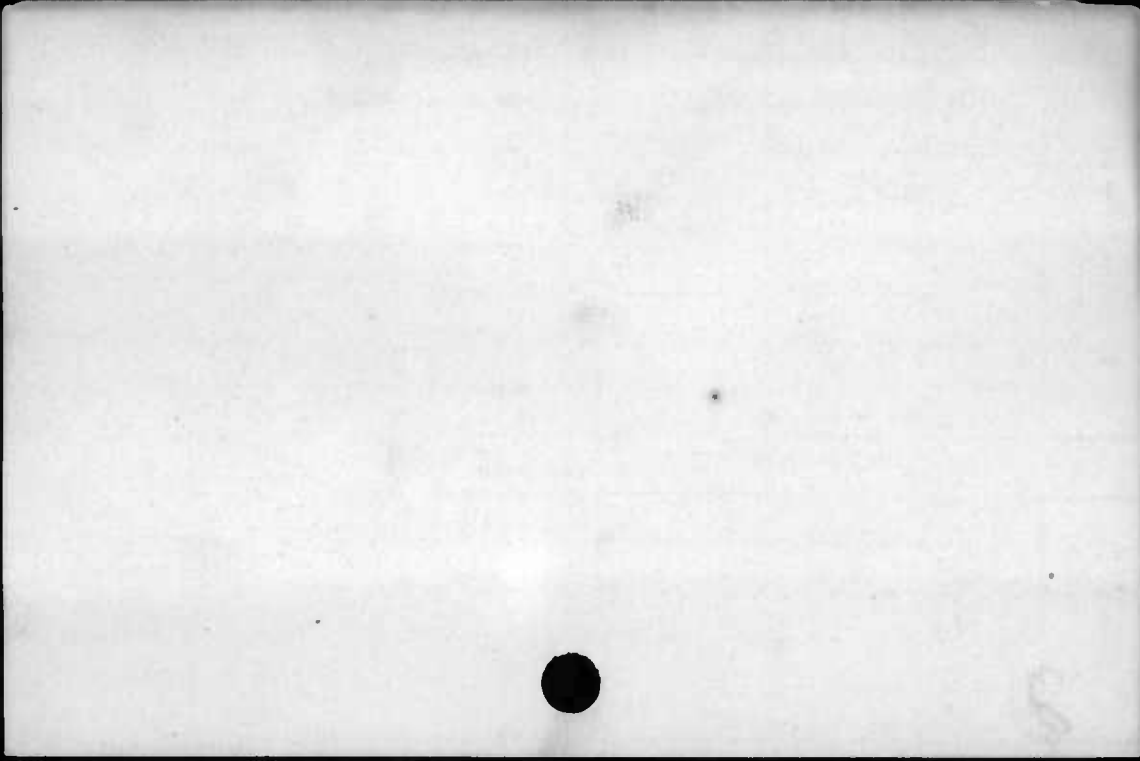
Louis B. Heubel Jr.

Address

Annapolis,  
Ind.

Accident or Suicide?

Neither



Name  
in  
Full

CERTIFICATE OF DEATH

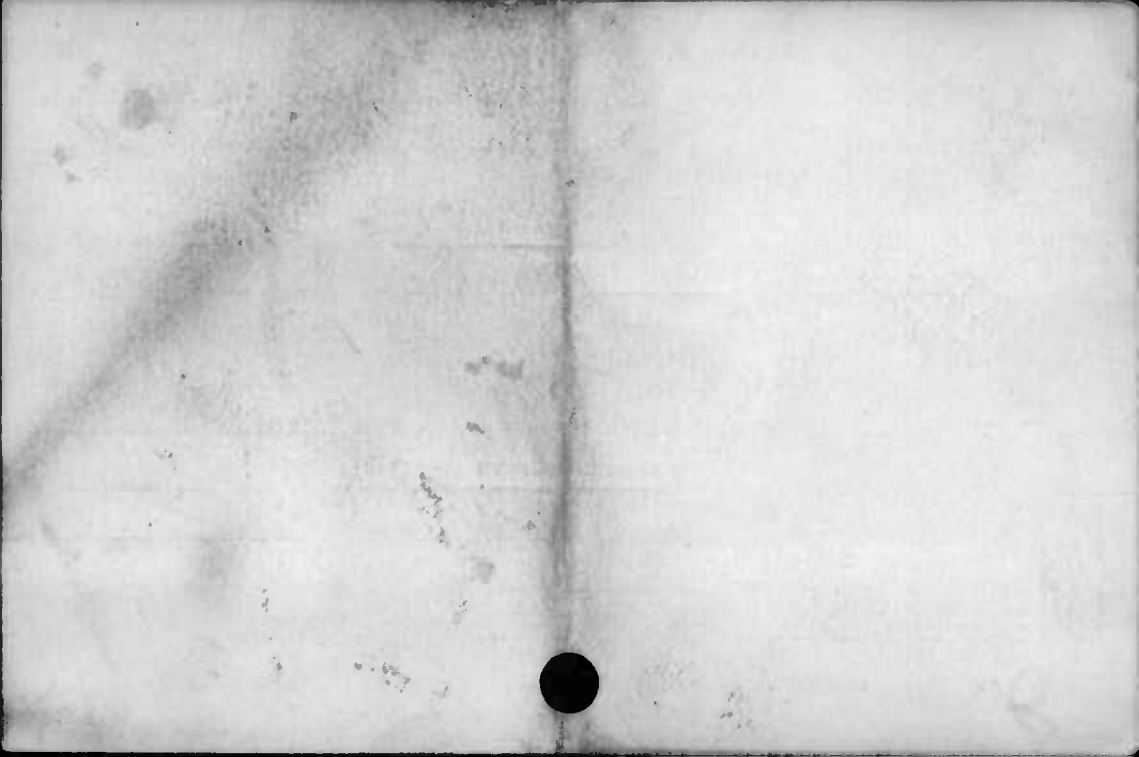
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Campana</u> <sup>Town</sup>		<u>Anne Arundel</u> <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Oct	Day	18
Sex	Male	Color or Race	Colored	Years	18
Occupation			Birth-place	Parole	
Where Residing if not at place of death			Campana		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Protoly Pneumonia	How long	93
Immediate	Exhaustion	How long	2 Weeks
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		A. Adams	
Address		Unattached	
Accident or Suicide?		no	



Name

in  
Full

Annie Amelie Janbra

## CERTIFICATE OF DEATH

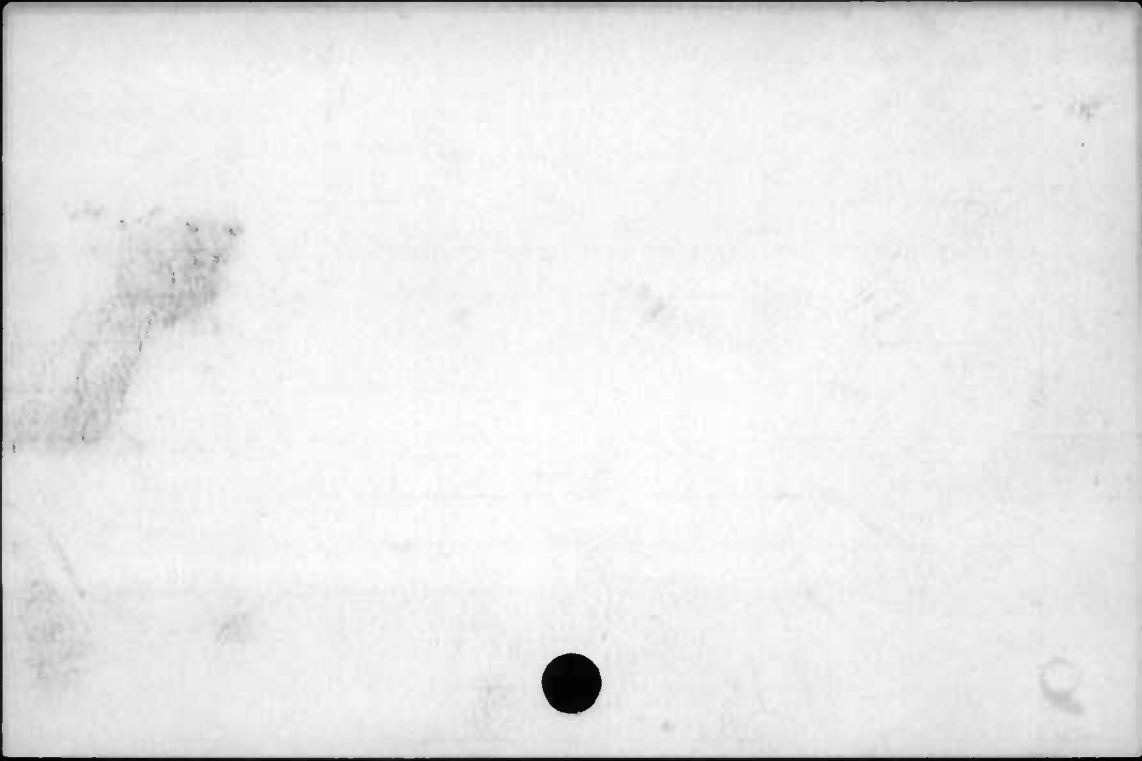
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Curtis Bay</u> Town		<u>aa Co.</u> County		MARYLAND	
Date of death	1906	Month	Oct.	Day	28
Age	1	Years		Months	
Sex	F	Color or Race	w	Birth-place	Ind
Occupation	✓		Where Residing if not at place of death ✓		
Married, Single or Widowed	✓		Name of Wife or Husband ✓		
Father's Name	Edward Janbra		Father's Birthplace Germany		
Mother's Maiden Name	Annelia Soler		Mother's Birthplace Germany		
Name of person giving information	Edward Janbra		How related to deceased Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Chronic Catarrhal Indigestion</u>	How long	<u>2 mos &amp;</u>
Immediate	<u>Cholera Infantum</u>	How long	<u>5 days</u>
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>John S. Scott. M.D.</u>
		Address	<u>Curtis Bay</u> <u>aa. Ind.</u>
Accident or Suicide?	-		



Wm Edward Jeffrey

Town

County

Died at

Harman

Anne Arnold

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

19

06

10

19

Age

53

2

4

Md

Trucker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

7

Husband

of

~~Wife~~

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Virginia Laura Stewart.

Enos Jeffrey

Maiden Name

Caroline Shipley

Primary

Immediate

Phthisis

Heart Failure

How long sick

Over a year

~~Accident, Suicide, Homicide~~

Thos. P. Benson M.D.

Hanover

Maryland



Name  
in  
Full

*Wach H. Johnson*

CERTIFICATE OF DEATH

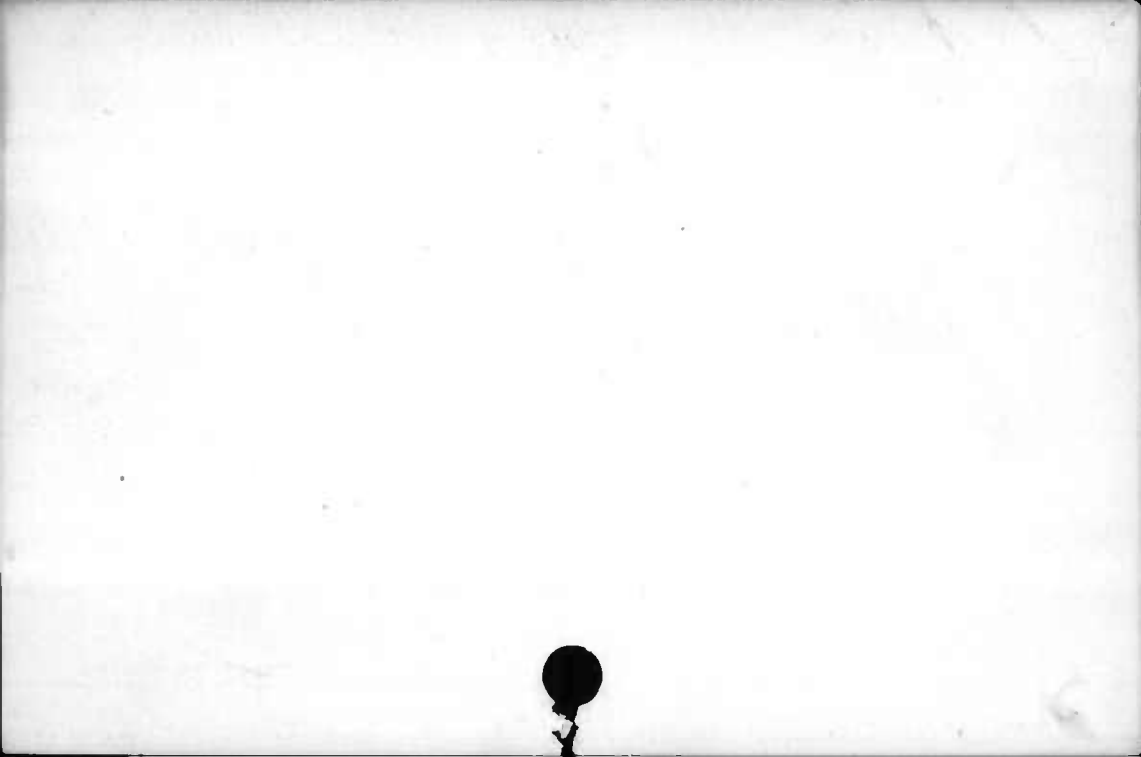
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Annapolis</i>		STATE <i>MARYLAND</i>	
Date of death <i>1906 Oct 28</i>		Month <i>Oct</i>		Day <i>28</i>		Age <i>46</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Adco</i>			
Occupation <i>Laborman</i>		Where Residing if not at place of death <i>10 Thimmin St.</i>					
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Emma C. Johnson</i>					
Father's Name <i>Wach H. Johnson</i>		Father's Birthplace <i>Adco</i>					
Mother's Maiden Name <i>Sarah Price</i>		Mother's Birthplace <i>Adco</i>					
Name of person giving information <i>David Johnson</i>		How related to deceased <i>Son</i>					

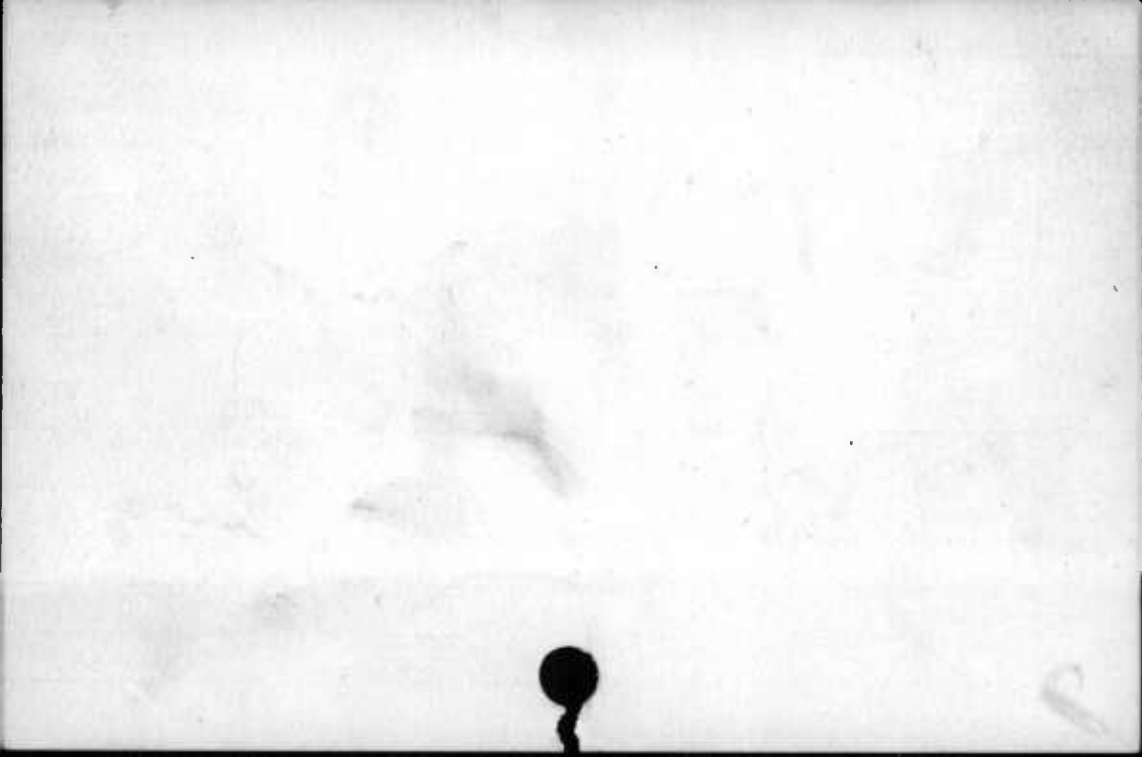
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Valvular Disease of the Heart</i>		How long <i>19</i>		Sudden	
Immediate <i>the Heart</i>		How long		Death	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
<i>Yes</i>		<i>John Ridout M.D.</i>		<i>Annapolis Md</i>	
Accident or Suicide?					



Name in Full		Charlotte Harris Jones				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Annapolis		Anne Arundel		MARYLAND
	Date of death	1906	Month	Oct	Day	22	Age
	Sex		Female		Color or Race		colored
	Occupation		Nurse		Where Residing if not at place of death		Annapolis, Md.
	Married, Single or Widowed		widowed		Name of Wife or Husband		
	Father's Name		Dont know		Father's Birthplace		Dont know
PHYSICIAN OR CORONER	Mother's Maiden Name		"		Mother's Birthplace		"
	Name of person giving information		Samuel R. Randall		How related to deceased		not related, employer
	CAUSES OF DEATH						
	Primary		Apoplexy		How long		8 hours
Immediate		"		How long		"	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		S. S. Hepler	
Accident or Suicide?				Address		Annapolis, Md.	



Name  
in  
Full

## CERTIFICATE OF DEATH

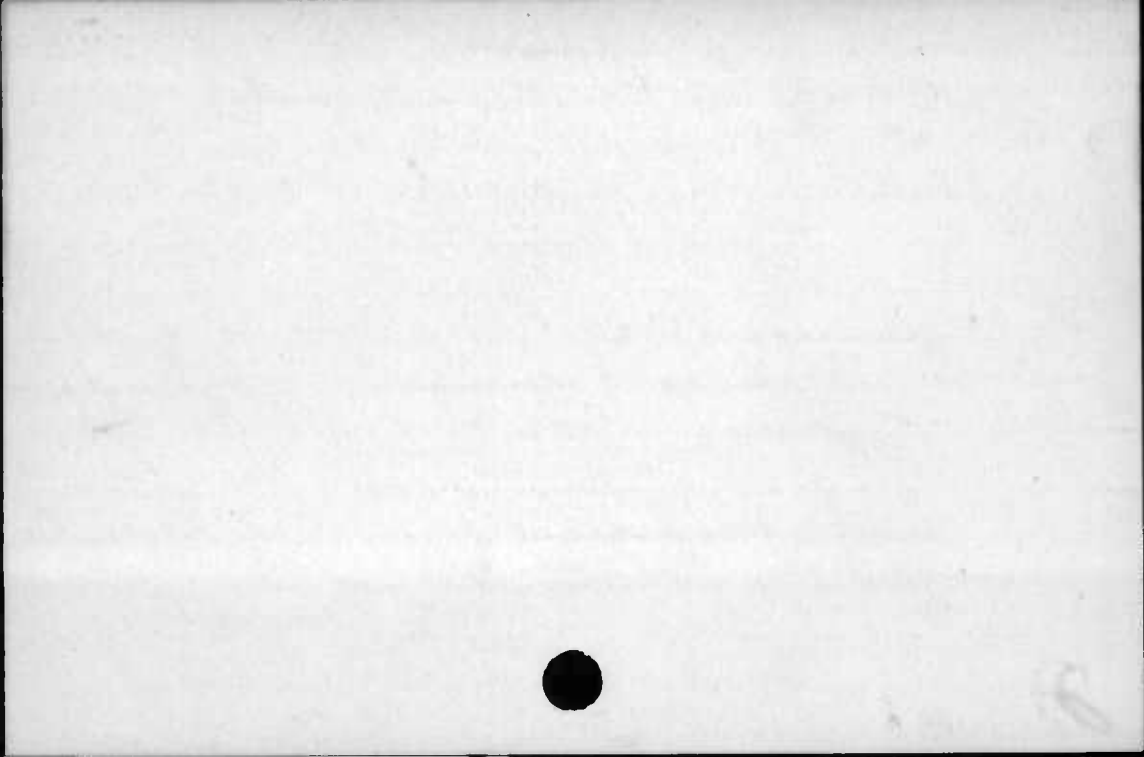
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Gertrude J Jones</i>				County <i>A A</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Town <i>Annapolis</i>		Age <i>20</i>		Months <i>7</i>	
Date of death <i>1906</i>		Month <i>Oct.</i>		Day <i>3</i>		Days <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>A.A. Co. Md</i>			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Virgil Pharo</i>		Father's Birthplace <i>A.A. Co. Md</i>					
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>					
Name of person giving information <i>James H Jones</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Purpura Septicemia</i>	How long <i>6 days</i>
Immediate <i>Exhaustion</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. M. Murphy</i>
	Address <i>Annapolis</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

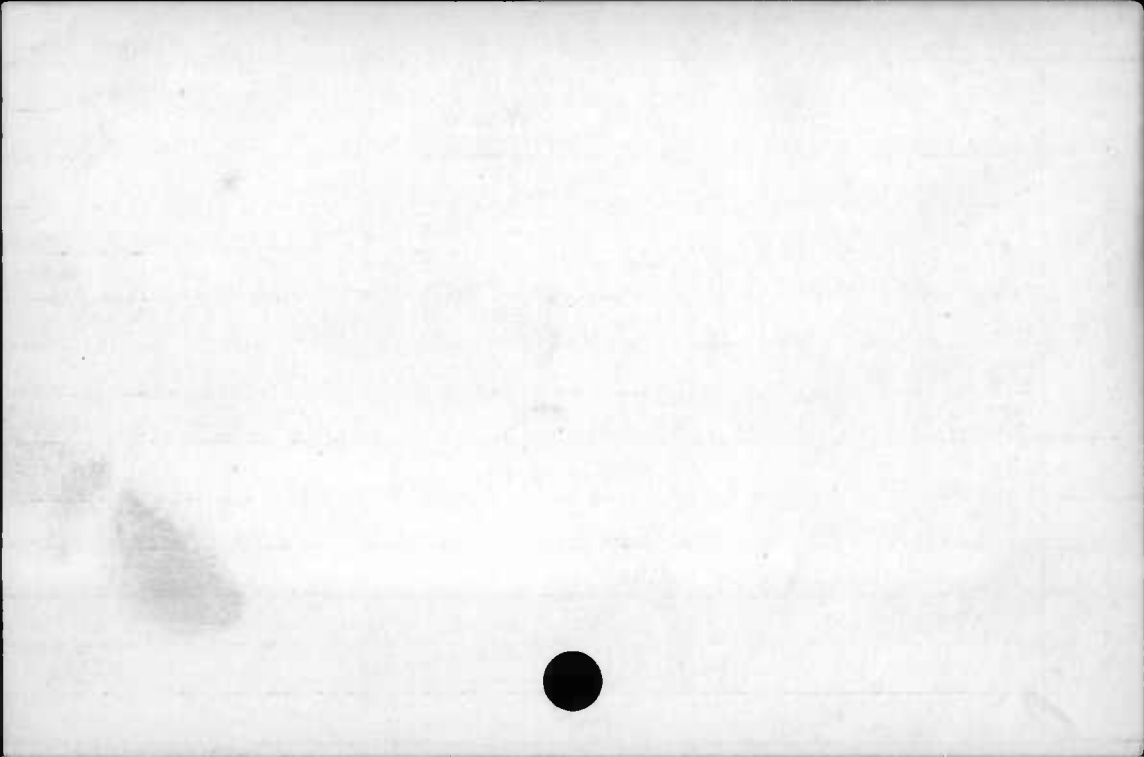
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Friendship</i> <sup>Town</sup>		<i>Anne Arundel</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Oct</i>	Day <i>16</i>	Age <i>1</i>	Years <i>6</i>	Months <i>6</i>
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Friendship</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>James Kent</i>			Father's Birthplace <i>A. A. Co</i>		
Mother's Maiden Name <i>Frances Freeman</i>			Mother's Birthplace <i>Calvert Co</i>		
Name of person giving information <i>James Kent</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>8 Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

Martha L. Lerch

Town

Shady Side

County

A.A.

MARYLAND

Died at

Date

of death 1906

Month

Oct

Day

13

Age

Years

86

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Ind.

Occupation

None

Where Residing if not  
at place of death

Govanstown, Ind

Married, Single  
or Widowed

Widow

Name of W.  
Husband

August Lerch

Father's  
Name

Richard Watkins

Father's  
Birthplace

Ind.

Mother's  
Maiden Name

Mary Purdy

Mother's  
Birthplace

Ind

Name of person giving  
information

H. T. Lerch

How related  
to deceased

Son

## CAUSES OF DEATH

Primary

Cerebral Effusion

How long

6 days

Immediate

Pulmonary Edema

How long

8 hours

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Geo. T. Lusk

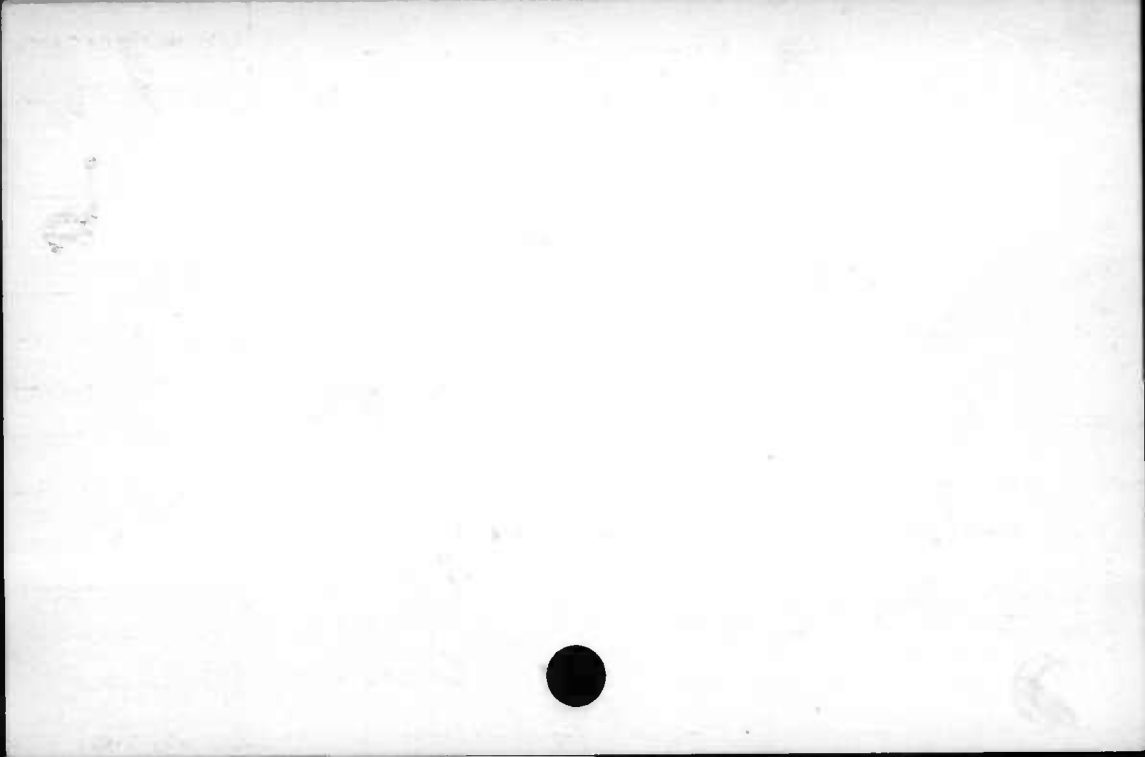
Address

Churchton Ind

Accident or Suicide?

-

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

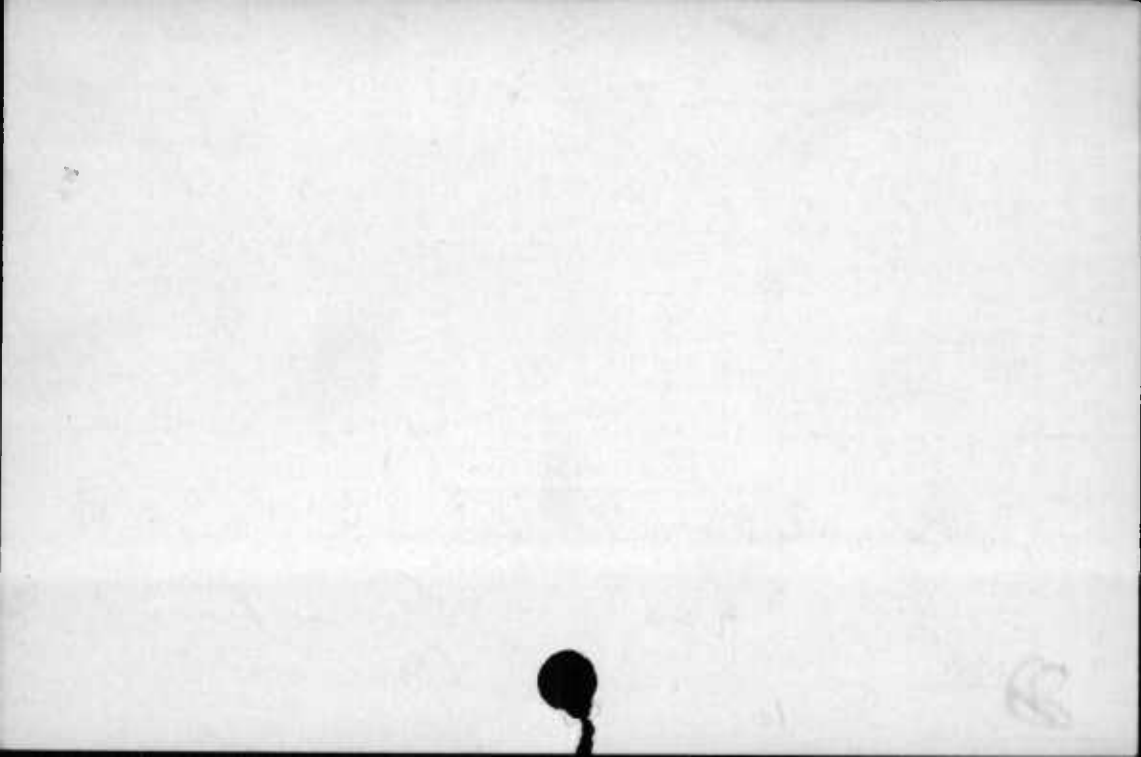
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Bernard Leynsch</b>		Town <b>German Town 2 dist</b>		County <b>a a</b>		State <b>MARYLAND</b>	
Died at <b>German Town 2 dist</b>		Month <b>Oct</b>		Day <b>23</b>		Years <b>5-4</b>	
Date of death <b>1906 Oct 23</b>		Age <b>5-4</b>		Months <b>—</b>		Days <b>—</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birthplace <b>Boston Mass</b>			
Occupation <b>Carpenter</b>		Where Residing if not at place of death <b>—</b>					
Married, Single or Widowed <b>Widowed</b>		Name of Wife or Husband <b>Agustus Leynsch</b>					
Father's Name <b>—</b>		Father's Birthplace <b>—</b>					
Mother's Maiden Name <b>—</b>		Mother's Birthplace <b>—</b>					
Name of person giving information <b>Thomas Hopperis</b>		How related to deceased <b>Step Son</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Pulmonary Phthisis</b>	How long	<b>9 mos</b>
Immediate	<b>"</b>	How long	<b>"</b>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Oliver Purvis</b>	
<b>Yes</b>		Address <b>Annapolis Md</b>	
Accident or Suicide?		<b>No</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906 Oct.			27	64		two	5
Sex	Male	Color or Race	White	Birth-place	Baltimore		
Occupation	Hotel Super			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		109 West St.			
Father's Name		Joseph Martin		Father's Birthplace		Germany	
Mother's Maiden Name		Catherine Hipner		Mother's Birthplace		Germany	
Name of person giving information		John G. Haefel		How related to deceased		son-in-law	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Disruption of Arteries	How long	112	Five Months
Immediate	Exhaustion	How long		two days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
		Geo. Wells M.D.		
		Address		
		Annapolis		
		Md		
Accident or Suicide?				

1818-

1906

Name  
in  
Full

## CERTIFICATE OF DEATH

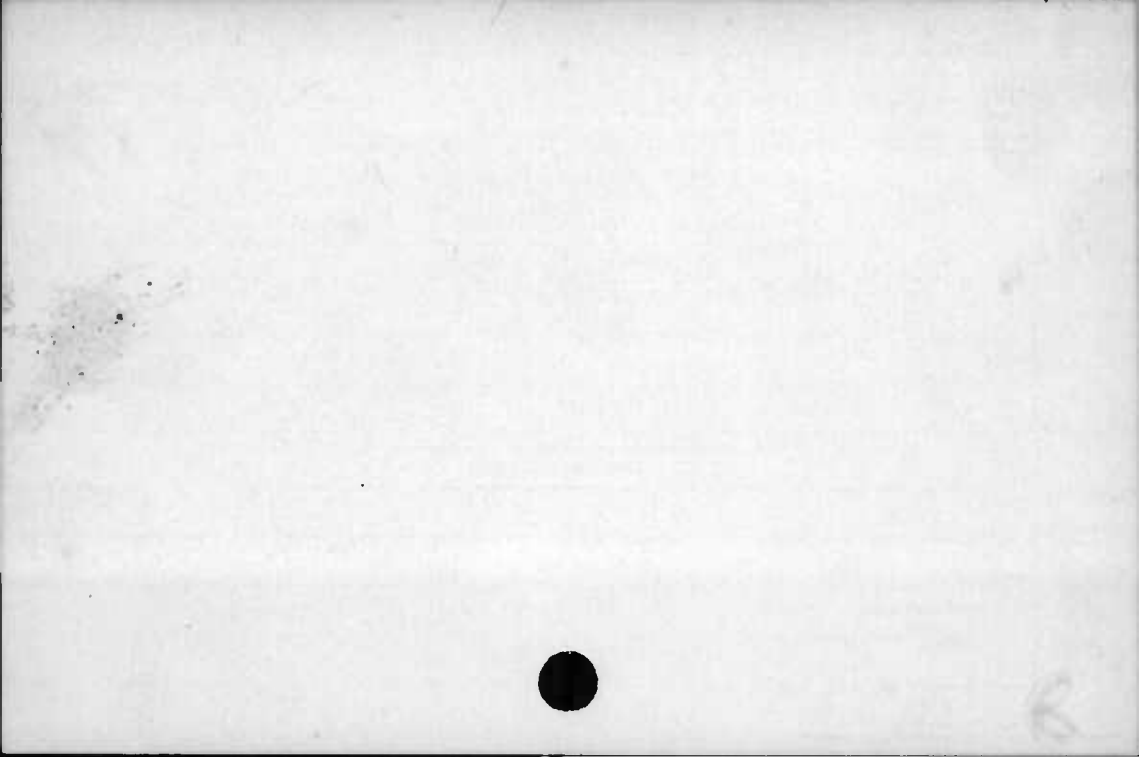
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>			Town		County		MARYLAND						
Date of death <i>1906</i>		Month <i>Oct</i>		Day <i>6</i>		Age <i>27</i>		Years <i>10</i>		Months		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Annapolis Md</i>									
Occupation						Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Jos. McKins</i>											
Father's Name <i>Alfred Parkinson</i>						Father's Birthplace <i>Annapolis Md</i>							
Mother's Maiden Name <i>Lizzie Shalloch.</i>						Mother's Birthplace <i>" "</i>							
Name of person giving information <i>Jos. McKins</i>						How related to deceased <i>Husband</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>Several months</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. J. Murphy</i>	
		Address <i>Annapolis</i>	
Accident or Suicide? <i>no</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name Ida Murray Town Churchland County A. G.

Died at Churchland

Date of death 1906 Oct 8 Age 42 Months — Days —

Sex Female Color or Race Colored Birth-place Ind

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed Married Name of Husband Jos Murray

Father's Name Thos Griffin Father's Birthplace Ind

Mother's Maiden Name Alice Turner Mother's Birthplace Ind

Name of person giving information Jos Murray How related to deceased Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Paralysis How long 10 months

Immediate Pulmonary Oedema How long one day.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Gest Dent

Address Churchland

Accident or Suicide? —



Name  
in  
Full

## CERTIFICATE OF DEATH

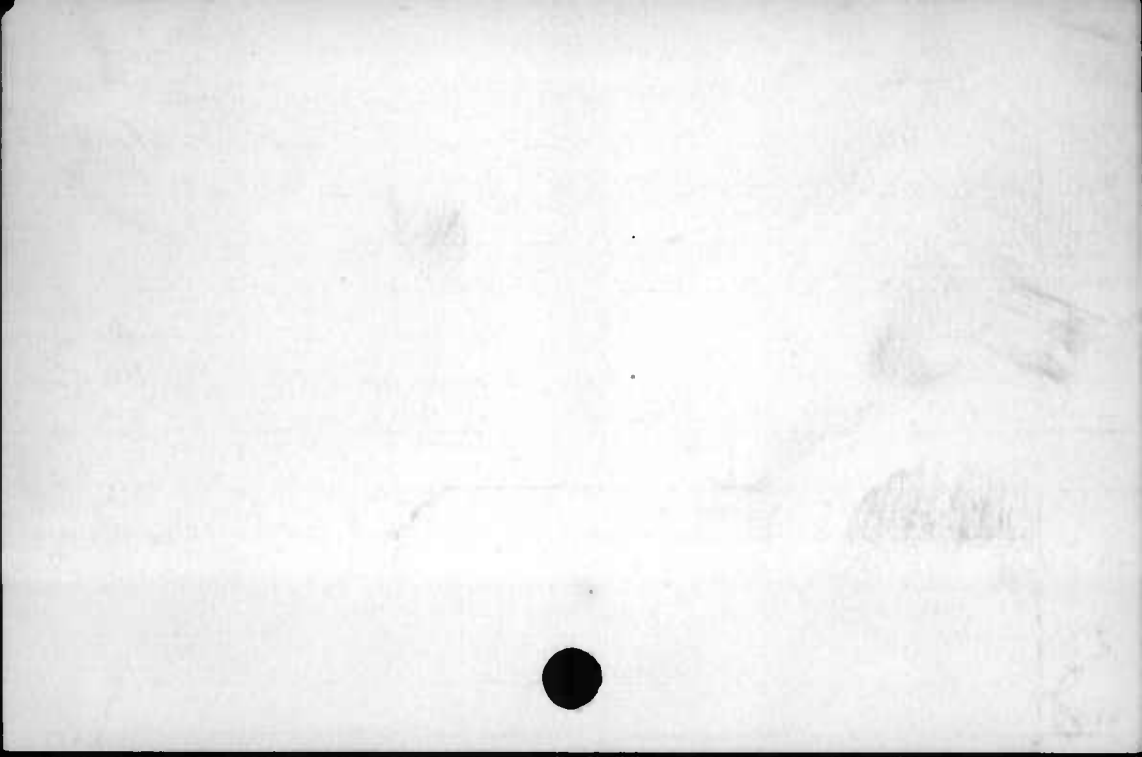
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Annance d</i>		Town <i>Brooklyn</i>		County <i>Wic</i>		MARYLAND					
Died at		Month <i>10</i>		Day <i>20</i>		Years <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Date of death <i>1906</i>				Age				Birth-place <i>Md</i>			
Sex <i>—</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>							
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>									
Father's Name <i>Geo Pumpfory</i>		Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Alice M Hale</i>		Mother's Birthplace <i>Arkansas</i>									
Name of person giving information <i>Geo Pumpfory</i>		How related to deceased <i>Fath</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Still Born</i>		How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. Blinched Coroner</i>	
		Address	
Accident or Suicide?			



Name  
in  
Full

*Ellin Queen*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

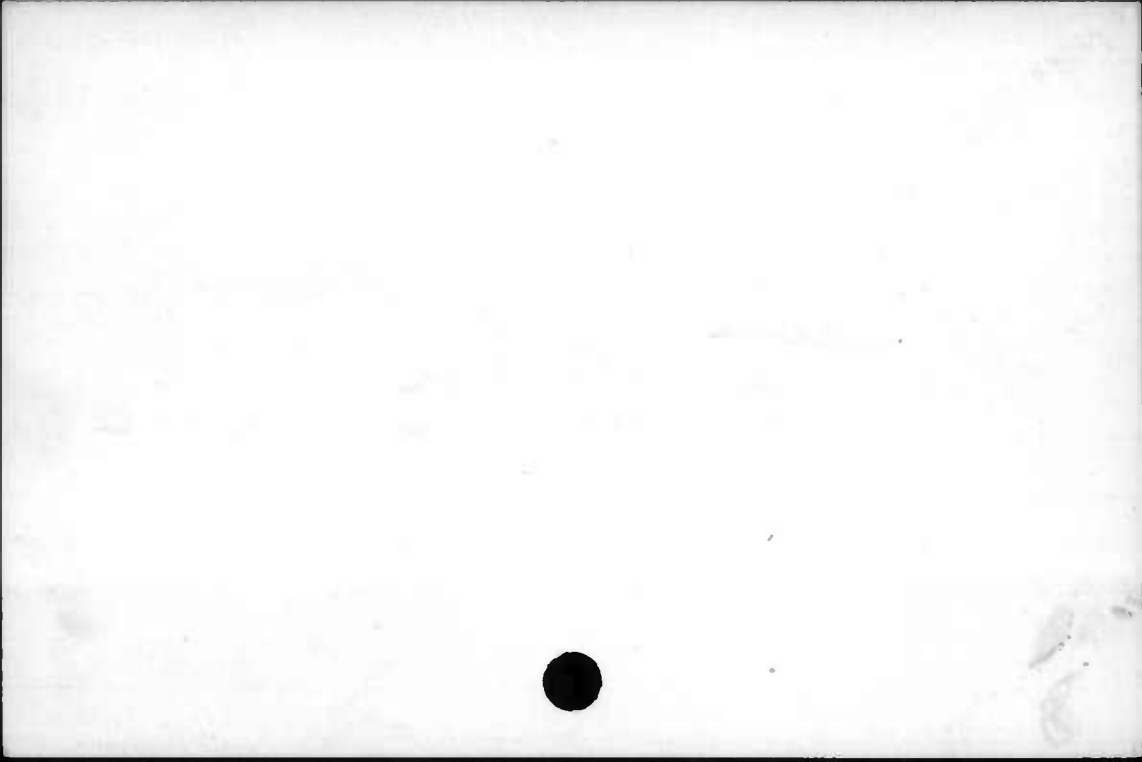
MARYLAND

Died at *Comp. Ave* Town *AA* County *AA*  
 Date of death *1906* Month *Oct* Day *28* Age *60* Years Months Days  
 Sex *Female* Color or Race *Colored* Birth-place *AA*  
 Occupation *House Wife* Where Residing if not at place of death  
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Elias Queen*  
 Father's Name *Sam Hargis* Father's Birthplace *AA*  
 Mother's Maiden Name *Susan Parker* Mother's Birthplace *AA*  
 Name of person giving information *Charles Queen* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *64*  
 Immediate *Paralysis* How long *4 days*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. Welch*  
 Address *Annapolis*  
 Accident or Suicide? *—*



Name  
In  
Full

Mary Virginia Randall

## CERTIFICATE OF DEATH

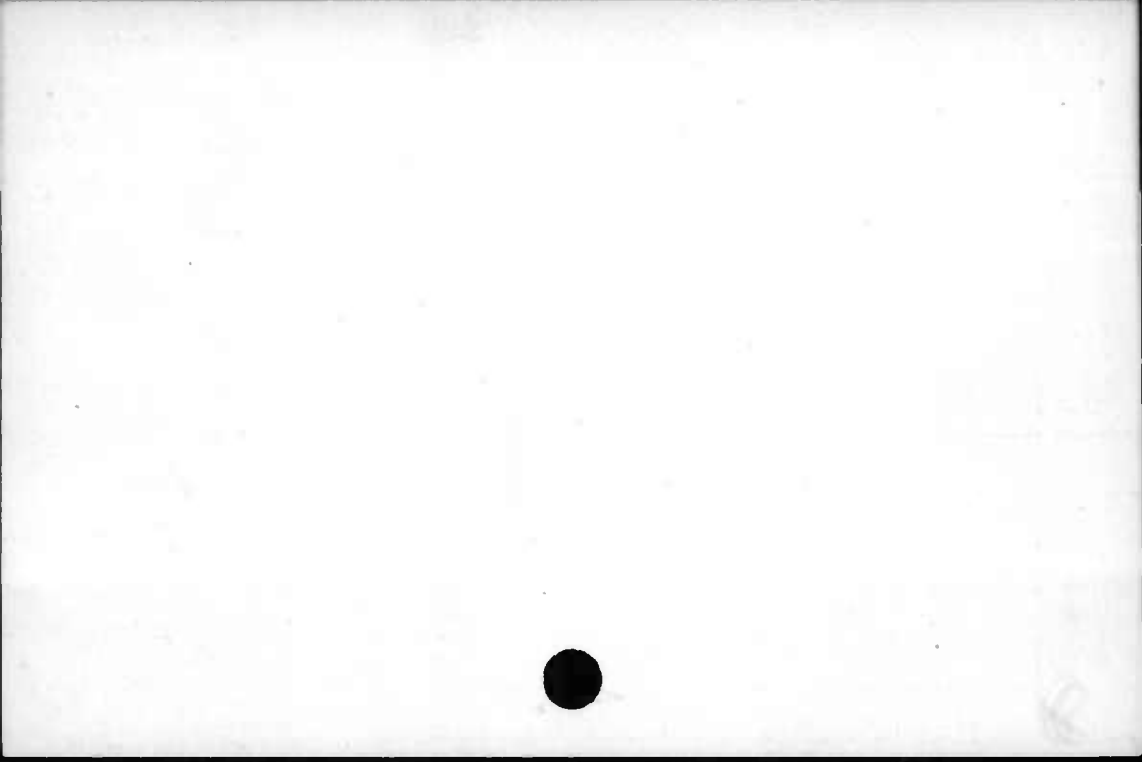
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Annapolis</i>		County <i>Anne arundel</i>		MARYLAND	
Date of death	1906	Month	October	Day	24	Age	88
Sex		Female		Color or Race		Caucasian	
Occupation				Birth-place		Kentucky	
Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband		<i>Langen Burton Randall M.D.A.</i>	
Father's Name		<i>John Gibson Taylor</i>				Father's Birthplace	
Mother's Maiden Name		<i>Elizabeth Lee Taylor</i>				Mother's Birthplace	
Name of person giving information		<i>Jos. M. Worthington</i>				How related to deceased <i>son in law</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Cholera morbus</i>	How long	<i>13</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>J. M. Worthington</i>	
Address		<i>Annapolis Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Elizabeth Hohn Revell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Annapolis <sup>Town</sup> Anne Arundel <sup>County</sup> MARYLAND

Date of death 1906 <sup>Month</sup> October <sup>Day</sup> 20 <sup>Age</sup> 70 <sup>Years</sup> Six <sup>Months</sup> Eight <sup>Days</sup>

Sex Female Color or Race white Birth-place Annapolis

Occupation \_\_\_\_\_ Where Residing if not at place of death Annapolis

~~Married~~ Single or Widowed Name of Wife or Husband \_\_\_\_\_

Father's Name Martin Farin RevellFather's Birthplace VirginiaMother's Maiden Name Mary HohnMother's Birthplace AnnapolisName of person giving information Anna S BradyHow related to deceased Niece

## CAUSES OF DEATH

Primary Conciet of Stomach 40 Four Months

How long 40 Four Months

Immediate Exhaustion

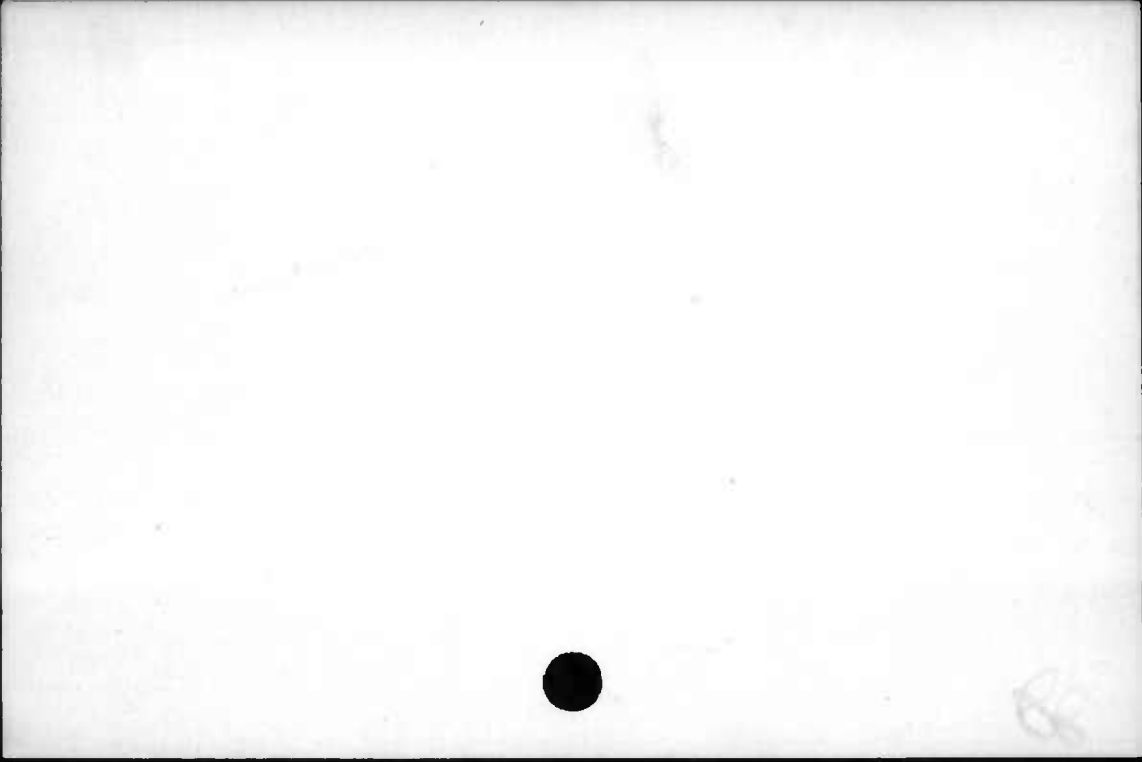
Are the name, age, sex, color, date and place correctly given above?

yes -

Signature of Physician

Address

A. Clement Claude MD9 St. John St.  
Annapolis,  
Md.Accident or Suicide? \_\_\_\_\_PHYSICIAN  
OR CORONER



Name in Full

Certificate of Death

Edmond Andrews Rider

Town

County

Died at

Hanover

Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1906

10

11

Age

70

7

19

Maryland

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~

Widower

Number of children living

3

Husband

of

~~Wife~~

Father's

Name

Cause of

Death

Primary

Immediate

Paralysis

Exhaustion

Mother's

Maiden Name

Ann Retesca Harman (deceased)

Geo. Rider

66

How long sick

8 months

~~Accident, Suicide, Homicide~~

Reported by

Thos. P. Benson M.D.

Address

Hanover, Md.  
Dr. Switzer Simpson & Co. Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78803

C R Winterson

RFD #1.      Hanover

Ind.

Name  
in  
Full

Cinnie Rousie

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at \_\_\_\_\_ Town

County

R. a.

Date

of death 1906

Month

Oct.

Day

14<sup>th</sup>

Age

Years

7

Months

Days

Sex

F.

Color or  
Race

Colored

Birth-  
place

a.s.a. Co

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

James Rousie

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Rose Saunders

Mother's  
Birthplace

Md.

Name of person giving  
In formation

George Taylor

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Typhoid Fever

How long

5 weeks

Immediate

Haemorrhage of Bowels

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Dr. O. L. Lint

Address

Benton Bay,  
a.s.a. Dist.

Accident or Suicide?



Name  
in  
Full

*Etha Syme Ewa Skwirut*

CERTIFICATE OF DEATH

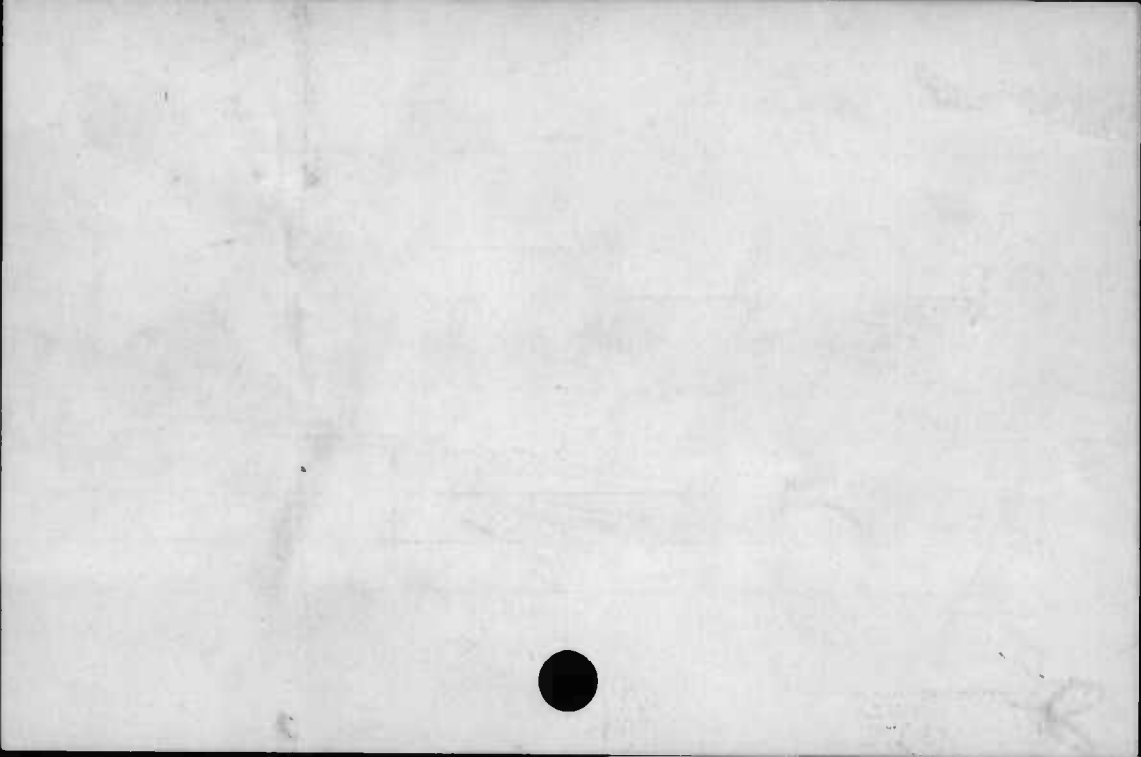
Died at <i>East Brooklyn</i> <sup>Town</sup>		<i>Albany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	Month <i>9</i>	Day <i>14</i>	Age <i>7</i>	Years <i>11</i> Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>East Brooklyn</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
<del>Single</del> <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Peter Syme</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Margaret</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Daughter</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

Primary <i>Pneumonia</i>	<i>93</i>	How long <i>84 days</i>
Immediate <i>Heart failure</i>		How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. B. Brown</i>	
	Address <i>Brooklyn, New York</i>	
Accident or Suicide?		

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Skoch</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Month <i>Oct.</i>		Day <i>22</i>		Age <i>30</i>	
Date of death <i>1906</i>		Months <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore Md</i>			
Occupation <i>Waterman</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John Skoch</i>		Father's Birthplace <i>Austria</i>					
Mother's Maiden Name <i>Barbary</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Thomas Skoch</i>		How related to deceased <i>Bro</i>					

## CAUSES OF DEATH

Primary

*Typhoid fever*

How long

*3 weeks*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

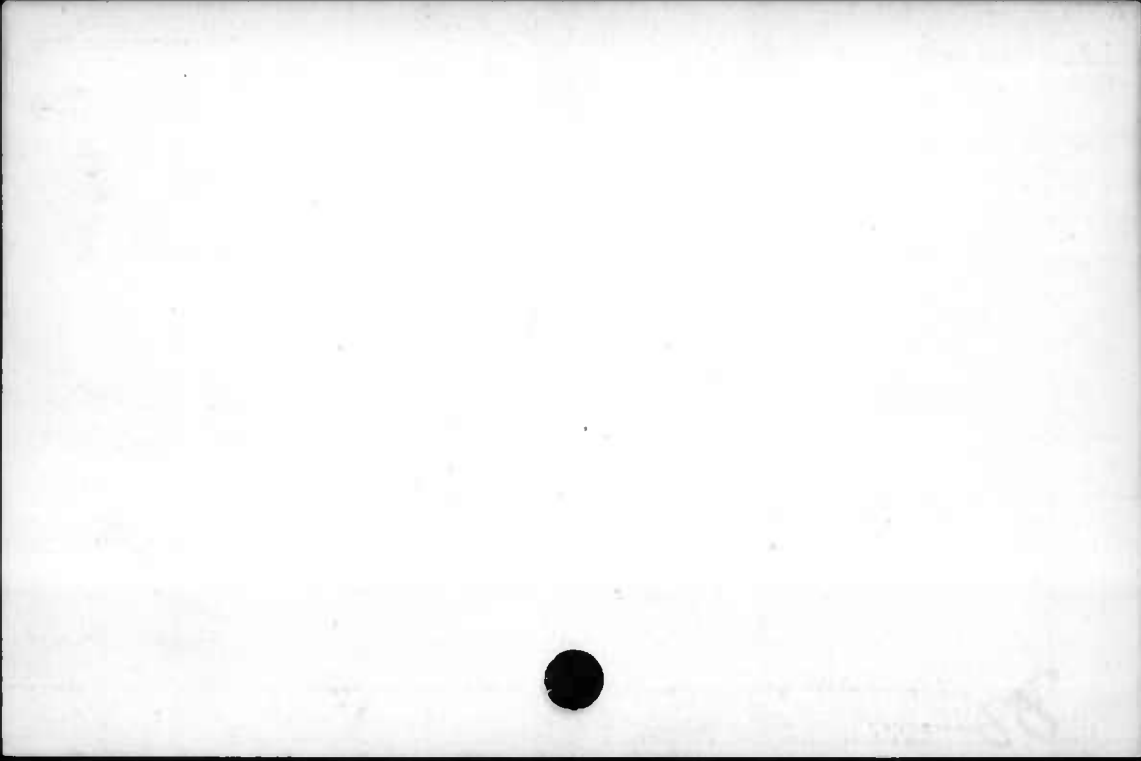
Signature of Physician

Address

*Wm J Welch*  
*Annapolis*

Accident or Suicide?

*No*



Name in Full <i>Clara Sarah Taylor</i>		Town <i>Ammanville</i>		County <i>Adams</i>		CERTIFICATE OF DEATH	
Died at <i>Ammanville</i>		State <i>MARYLAND</i>					
Date of death <i>1906</i>		Month <i>Oct</i>	Day <i>18</i>	Age <i>2</i>	Months <i>6</i>	Days	
Sex <i>female</i>		Color or Race <i>Colored</i>		Birthplace <i>Ammanville</i>			
Occupation		Where Residing if not at place of death <i>91 Calvert St</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>George Taylor</i>		Father's Birthplace <i>Va.</i>					
Mother's Maiden Name <i>Lucy Taylor</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Lily Taylor</i>		How related to deceased <i>mother</i>					
CAUSES OF DEATH							
Primary <i>Tuberculosis</i>		How long <i>Since Birth</i>					
Immediate <i>Exhaustion</i>		How long <i>Gradual</i>					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>					
<i>Yes</i>		Address <i>Annapolis Md</i>					
Accident or Suicide?							

15th  
Richard



Name  
in  
Full

Mamie Taylor

## CERTIFICATE OF DEATH

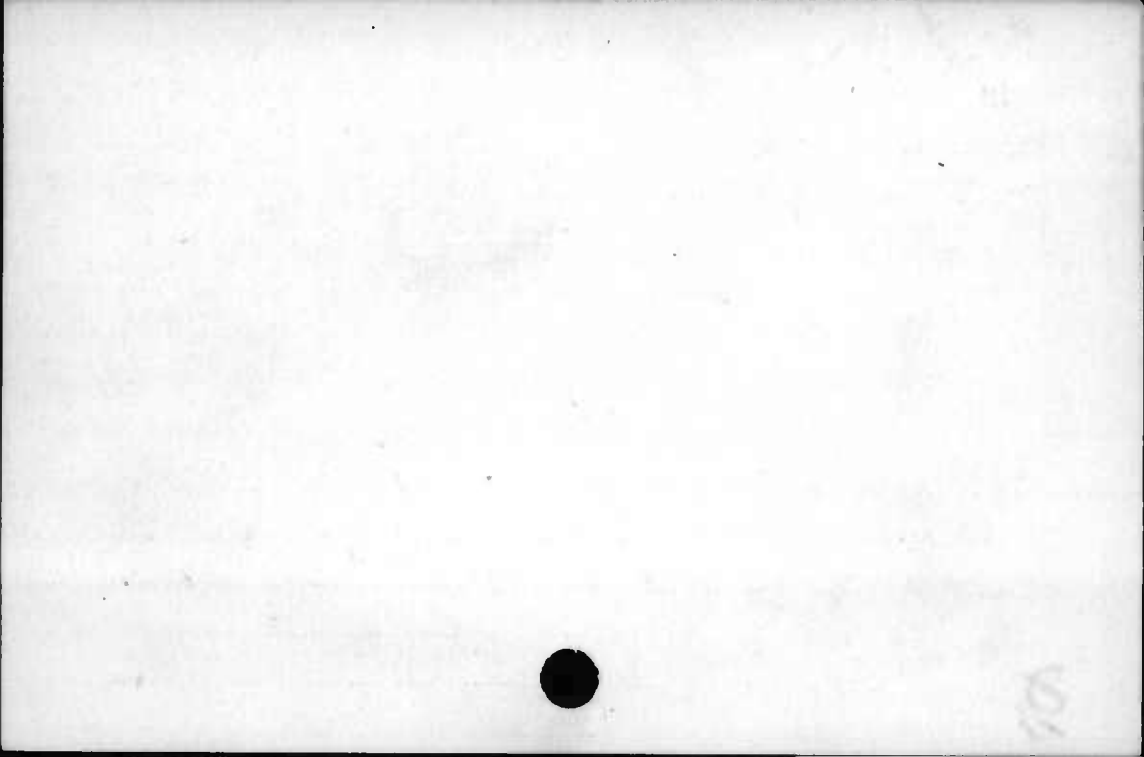
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Anne Arundel</u>		STATE <u>MARYLAND</u>	
Date of death <u>1906</u>		Month <u>Oct</u>	Day <u>30</u>	Age <u>—</u>	Years <u>—</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>Annapolis</u>			
Occupation <u>—</u>				Where Residing if not at place of death <u>93 Calvert St</u>			
Married, Single or Widowed <u>—</u>				Name of Wife or Husband <u>—</u>			
Father's Name <u>Henson Taylor</u>				Father's Birthplace <u>West Prince</u>			
Mother's Maiden Name <u>Eugene Steinhart</u>				Mother's Birthplace <u>West Prince</u>			
Name of person giving information <u>Mother</u>				How related to deceased <u>—</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pertussis</u>	How long <u>Several weeks</u>
Immediate <u>Pneumonia</u>	How long <u>Four days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>Yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name in Full		Wannie Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Annapolis		County Art		MARYLAND	
	Date of death	1906	Month Oct	Day 5 <sup>th</sup>	Age 21 yrs	Months	Days
	Sex	Female		Color or Race	Col.		
	Occupation	House-wife		Birth-place	Annapolis		
	Where Residing if not at place of death						
	Married, Single or Widowed	Name of Wife or Husband					
	Father's Name	James Thomas				Father's Birthplace	Annapolis
Mother's Maiden Name	Sarah Stewart				Mother's Birthplace	Annapolis	
Name of person giving information	Beccelia Little				How related to deceased	Grand-Mother	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Tuberculosis (21)				How long	Three months
	Immediate	Exhaustion				How long	Gradual
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
	yes				John Ridout, M.D. Annapolis Md -		
Accident or Suicide?							

Ellen Brown  
West 8<sup>th</sup>

Name  
in  
Full

## CERTIFICATE OF DEATH

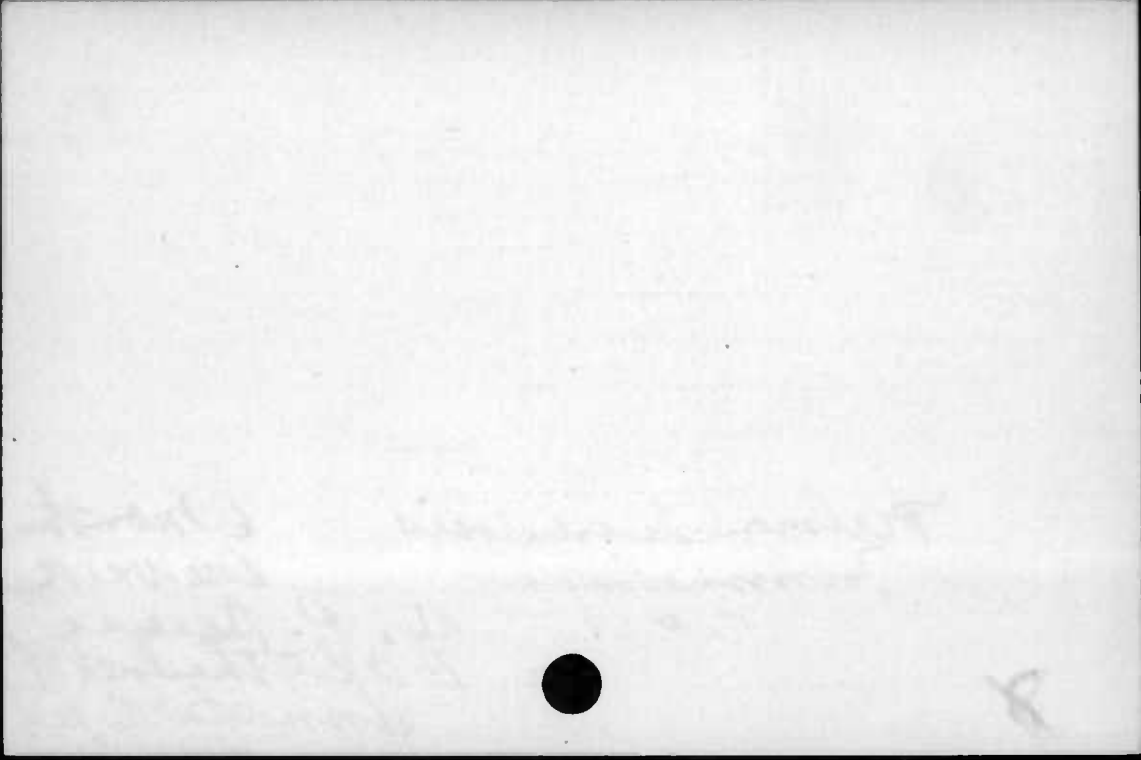
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <u>Bristol</u>			<sup>County</sup> <u>Anne Arundel</u>		<b>MARYLAND</b>		
Date of death <u>1901</u>		Month <u>Oct.</u>	Day <u>27</u>	Age <u>74</u>	Years <u>74</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Ind.</u>				
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Mary Turner</u>					
Father's Name <u>James Turner</u>		Father's Birthplace <u>Ind.</u>					
Mother's Maiden Name <u>Margaret J. Hallings</u>		Mother's Birthplace <u>Ind.</u>					
Name of person giving information <u>Mary Turner</u>		How related to deceased <u>Wife</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Broken neck</u>	How long <u>164</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A. H. Perrie</u>
	Address <u>McKendree, Ind.</u>
<input checked="" type="checkbox"/> Accident or Suicide	



Name  
is  
Full

Mary Tydings

## CERTIFICATE OF DEATH

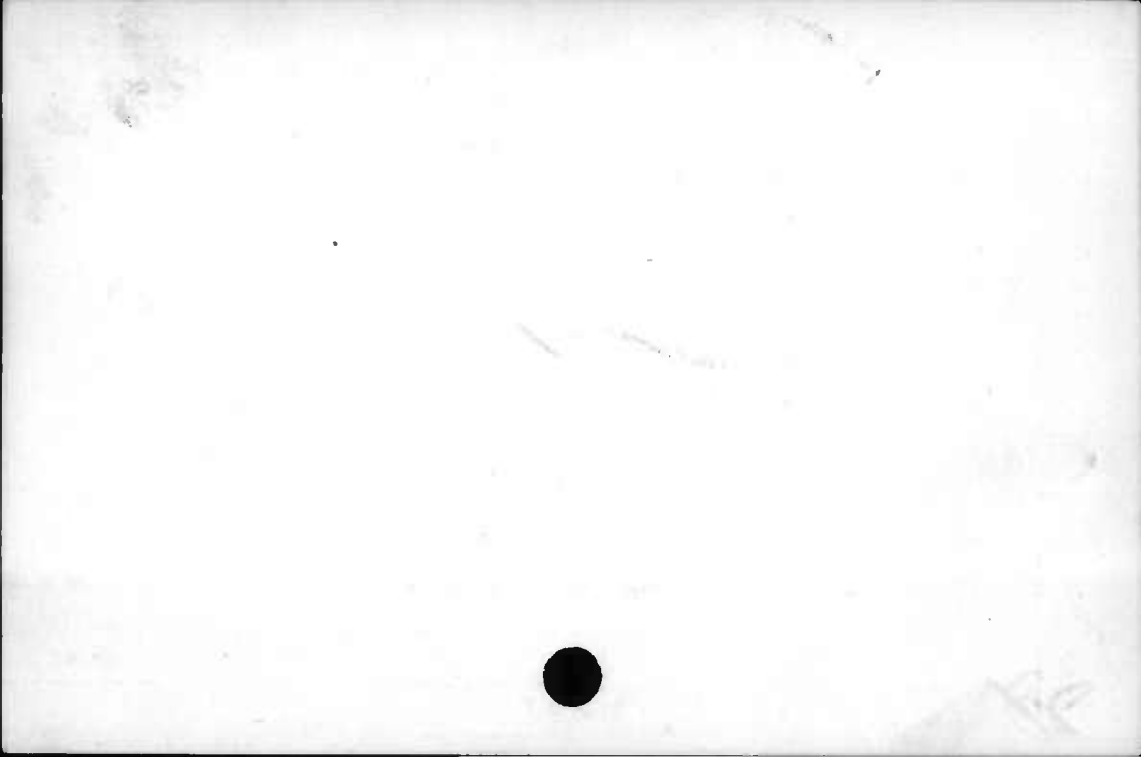
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND							
Date of death <i>1906 Oct 23</i>		Month <i>Oct</i>		Day <i>23</i>		Age <i>15</i>		Years <i>5</i>		Months <i>5</i>		Days <i></i>	
Sex <i>Female</i>		Color or Race <i>Color</i>		Birth-place <i>Annapolis</i>									
Occupation <i></i>				Where Residing if not at place of death <i></i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i></i>									
Father's Name <i>Bill Tydings</i>				Father's Birthplace <i>Annapolis</i>									
Mother's Maiden Name <i>Rather Johnson</i>				Mother's Birthplace <i>Annapolis</i>									
Name of person giving information <i>Rather Johnson</i>				How related to deceased <i>Mother</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmon-Tuberculosis</i>		How long <i>6 months</i>	
Immediate <i>Hemorrhages</i>		How long <i>One week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. P. Keene</i>	
Address <i>60 Cathedral St. Annapolis, Md.</i>			
<input checked="" type="checkbox"/> Accident or Suicide?			



Name  
in  
Full

White man unknown

## CERTIFICATE OF DEATH

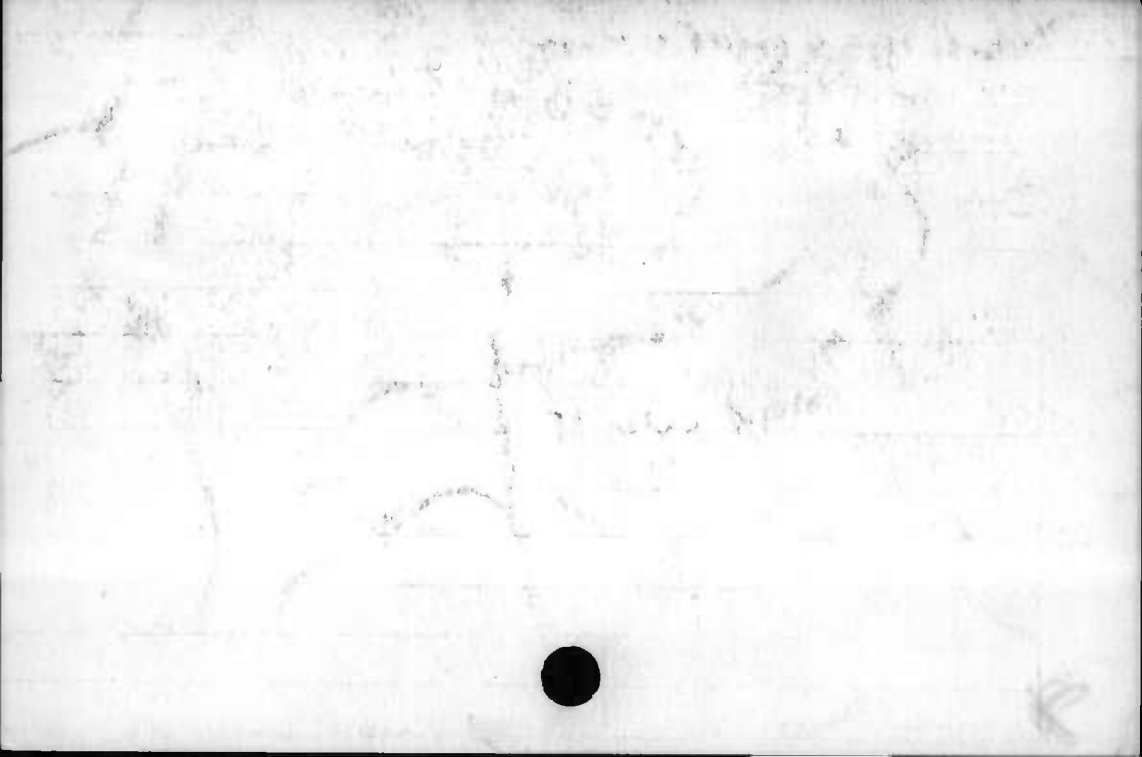
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1906	Month	Oct	Day	24	Years	Age about 65
Sex	man		Color or Race	white		Birth-place	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

Primary	<i>branded</i>	How long	(158)
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of	
yes		John H Davis	
		Address	
		Annapolis MD	
		Coroner	
Accident <del>not</del> ?		Suicide <i>branded</i>	

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Ralph Emerson Valentine</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Annapolis</i>		Date of death <i>1906 Oct 16</i>		Age <i>—</i>		Months <i>—</i> Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>127 Market St.</i>			
Occupation <i>—</i>		Where Residing, if not at place of death <i>127 Market St.</i>					
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Henry Valentine</i>		Father's Birthplace <i>Virginia</i>					
Mother's Maiden Name <i>Hanway Ellen Rums</i>		Mother's Birthplace <i>A. A. Co.</i>					
Name of person giving information <i>Father</i>		How related to deceased <i>—</i>					

## CAUSES OF DEATH

Primary *Umbilical Hemorrhage* *152* How long *Several Hours*

Immediate *Coma*

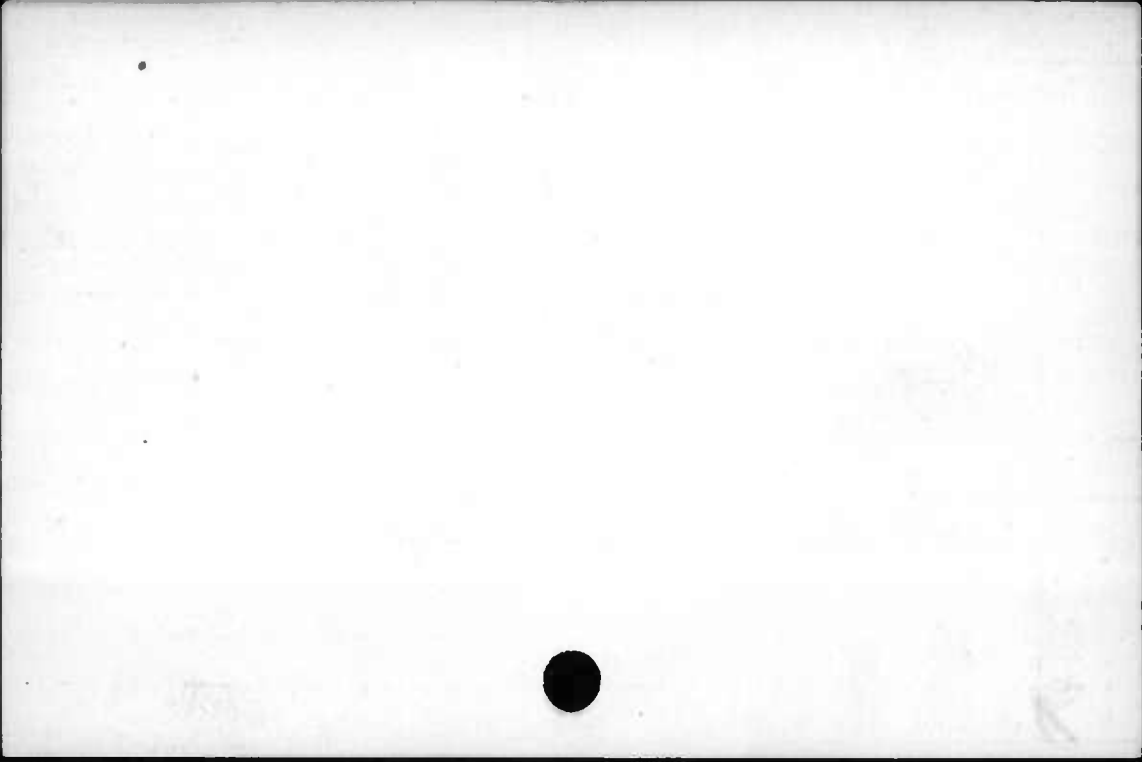
Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Wm. J. Welch*

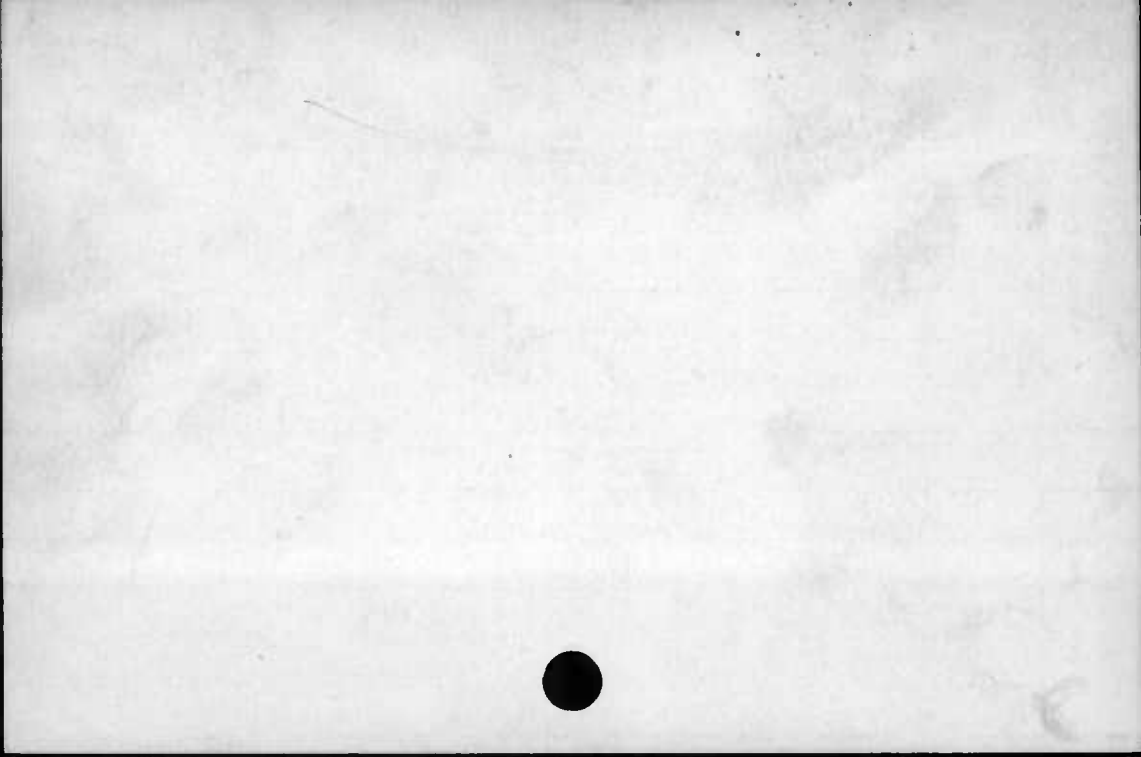
Address *Annapolis*

Accident or Suicide? *—*

PHYSICIAN  
OR CORONER



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Annapolis</u>		Town <u>Annapolis</u>		County <u>Anne Arundel</u>		MARYLAND	
	Date of death <u>1906 Oct</u>		Month <u>9</u>		Day <u>2</u>		Age <u>3</u>	
	Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth-place <u>126 Calvert St.</u>		Months <u>3</u>	
	Occupation <u></u>		Where Residing if not at place of death <u>Lincoln Place</u>					
	Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>					
	Father's Name <u>Frank Nallins</u>				Father's Birthplace <u>A. A. C.</u>			
	Mother's Maiden Name <u>Georgea Colbert</u>				Mother's Birthplace <u>A. A. C.</u>			
Name of person giving information <u>Father</u>		How related to deceased <u></u>						
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <u>Gastro-Enteritis</u>		<u>106</u>		How long <u>two weeks</u>			
	Immediate <u>Asthenia</u>				How long <u></u>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>John Bidont, M.D.</u>		Address <u>Annapolis</u>			
	<u>yes</u>		Address <u></u>					
Accident or Suicide?								



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Laura Catherine Wicker.

Town

County

MARYLAND

Died at Annapolis

A.A.Co.

Date of death 1906 Oct.

Day

18

Age

Years

Months

4

Days

16

Sex

Female

Color or  
Race

White

Birth-  
place

Annapolis

Occupation

Where Residing If not  
at place of deathMarried, Single  
or WidowedName of Writer or  
HusbandFather's  
Name

N.O. Wicker.

Father's  
Birthplace

Georgia.

Mother's  
Maiden Name

A.B. Bright.

Mother's  
Birthplace

Annapolis

Name of person giving  
Information

A.B.B. Wicker.

How related  
to deceased

mother

## CAUSES OF DEATH

Primary

Spina Bifida

Immediate

Meningitis

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

John Purvis  
Annapolis

How long

4 mos 16 days

How long

24 hrs

Accident or Suicide?

no



Name  
in  
Full

Jeremiah Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Date of death	1904	Month	Oct	Day	16 <sup>th</sup>
Age		Years		63	
Sex	Male		Color or Race	Colored	
Occupation	Laborer		Birth-place	Md	
Where Residing If not at place of death					
Married, Single or Widowed	Widower		Name of Wife or Husband		
Father's Name	Jeremiah Wilson		Father's Birthplace	Md	
Mother's Maiden Name	Sarah Smith		Mother's Birthplace	Md	
Name of person giving information	Eliza Johnson		How related to deceased	Sister	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Nephritis</i>	How long	<i>several months</i>
Immediate	<i>Memoria</i>	How long	
Are the name, age, sex, color, data and place correctly given above?		Signature of Physician	
Yes		John Ridout	
		Address	
		<i>Annapolis</i>	
		Md	
Accident or Suicide?			

